

The Impact of Substance Abuse on Juvenile Offenders

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This paper will focus on juvenile offenders in the United States and how use of substances impacts this population. Specifically we will explore the effects of substance use, abuse and addiction within this population, what prevents juvenile offenders from getting treatment, and what treatment approaches have been discovered to be most effective with this group.

Juvenile Offenders and Substance Abuse

In the United States there is a separate court system to meet the needs of juvenile offenders. In the 2004 analysis: *Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind* it was stated that there are “2.4 million arrests of minors who end up in the juvenile justice population (p. ii).” In 2003, approximately 96,000 juvenile offenders were imprisoned (Himelstein, 2011, p. 1). Between 1994 and 2003 most juvenile offences declined (Young, Dembo, & Henderson, 2007, p. 255) and in recent years the rates of substance use by youth has also decreased (Henderson, C., Young, D., Jainchill, N., Hawke, J., Farkas, S., & Davis, R., 2007, p.279) ; however, “the rate of [juvenile] arrests for drug abuse violations increased 19% with the increase being far greater among females (56%) than males (13%)” (Young, Dembo, & Henderson, 2007, p. 255).

Research continues to show that there is a strong relationship between substance use and juvenile delinquency, especially with more serious crimes. “Delinquents are more likely to use drugs, and drug users are more likely to commit criminal offenses. Thus, criminal activity and drug use are both risk factors for and consequences of each other” (Swenson, C. C., Henggeler, S. W., Taylor, I. S., & Addison, O. W., 2005, p. 13). In fact, “four of every five children and

teens (78.4 percent) in juvenile justice systems--1.9 of 2.4 million arrests of 10- to 17-year olds-- are under the influence of alcohol or drugs while committing their crime, test positive for drugs, are arrested for committing an alcohol or drug offense, admit having substance abuse and addiction problems, or share some combination of these characteristics” (The National Center on Addiction and Substance Abuse at Columbia University, 2004, p. 1). Other research showed “among adolescents detained for criminal offending in 2000, 56 percent of boys and 40 percent of girls tested positive for drug use” (Chassin, 2008, p.166). With that said, it has been found that there is not a difference in genders in the frequency of substance use disorders, specifically pertaining to alcohol or marijuana (Chassin, 2008, p. 167).

It is important to note that drug use does not necessarily mean drug addiction. This is especially significant since use of substances is highly prevalent among youth, particularly those who are older adolescents; however, only 3 percent of the general population is estimated as having a “diagnosable substance abuse or dependence disorder” (Swenson, et. al., 2005, p. 15). There is, however, a large difference between non-juvenile offenders and juvenile offenders in substance use disorders. One study that focused on detainees in the Chicago, Illinois area found that about half of the juveniles met the criteria for a substance use disorder and 21% were found to have two or more substance use disorders (Young, et. al., 2007, p. 255). Other researchers believe the percentage is smaller and estimate that only 10% of youth in the juvenile justice system meet the criteria for a diagnosis (Swenson et. al., 2005, p. 15). Regardless of the conflicting statistics, addiction is much more prevalent in juvenile offenders than the general adolescent population.

Another aspect to consider when focusing on this population is race. The Office of Juvenile Justice and Delinquency Prevention found that black juveniles were arrested more every

year between 1981 and 2010 when looking at juvenile arrest rate trends for drug abuse violations. 1980 was the only year that white juveniles were arrested more on drug abuse violations. Other than the 1980 exception, white, American Indian, and Asian juvenile arrests always fell under blacks (in that order). Of course, these statistics have changed over the course of the twenty year period. “Despite the substantial decline between 1995 and 2002 for black juveniles, the black [juvenile drug abuse violation] rate was nearly 50% above the white rate in 2010” (Office of Juvenile Justice and Delinquency Prevention, 2012). “One study found that substance use disorder rates among incarcerated, detained, or secured youth [for any crime] vary by race and ethnicity, with non-Hispanic Caucasians showing the highest rates and African Americans the lowest” (Chassin, 2008, p. 167). These statistics show that although black juveniles are arrested more for drug crimes, white juvenile offenders are more likely to have a substance use disorder. This is true for both Non-Hispanic whites males and females (Teplin, L. A., Abram, K. M., McClelland, G. M., Mericle, A. A., Dulcan, M. K., & Washburn, J. J., 2006, p. 6).

Art Mayer, from the Virginia Department of Behavior Health and Developmental Services, presented information on what substances juvenile offenders are using in the state. The research showed cigarettes (63.5%) are the most commonly used substance by youth in the juvenile justice system in this state. This is closely followed by marijuana (63%) and alcohol (51.8%). Although the numbers are much smaller for other drugs it is important to note that there are other substances being used – cocaine (8.8%), inhalants (3.4%), crack (2.6%), heroine (1.4%) (Mayer, A., 2001, slide 3).

Consequences of Substance Abuse and Juvenile Offenders

Research has repeatedly shown us that substance abuse and juvenile crimes are interrelated (Carter, 2012; Chassin, 2008, p. 166; National Conference of State Legislatures, n.d., p. 4; Swenson et. al., 2005, p. 13). Adolescent delinquents who abuse substances are more likely to have a greater and longer involvement in the juvenile justice system (Carter, 2012; Henderson, et. al., 2007, p. 280). In fact, juveniles' "severe substance abuse is associated with increased rates of offending and more serious offenses" (Carter, 2012). As the levels of substance use increase, "the rate of offending, the severity of the committed offense, and the duration of antisocial behavior" increases, as well (Young, et. al., 2007, p. 256).

When focusing on juvenile offenders there is an obvious implication of these minors facing legal consequences, but other effects of their substance use and abuse should not be overlooked. Untreated substance abuse can lead to an abundance of life-long obstacles, like failing school (Henderson, et. al., 2007, p. 280), increased antisocial behavior (Carter, 2012), and health risks (Chassin,, 2008, p. 166). Sexual risky behavior is one of the health concerns associated with substance use among this population. Higher exposure to sexually transmitted infections, including HIV is a reality for juvenile offenders who use substances (Chassin, 2008, p.166; Young et. al., 2007, p.256). For substance using offenders who are also pregnant, the fetus is put in jeopardy and harm to fetal development could occur. Violence and an increase in accidents are also consequence for juvenile offenders who use substances. Poor occupational outcomes are also a concern for this population (Chassin, 2008, p. 166).

Substance Abuse Treatment Obstacles for Juvenile Offenders

Treatment for juvenile offenders' substance use disorders is a difficult task because of the wide range of issues these young people face on daily basis. These hurdles include: school failure and learning disabilities, parental substance use disorders, and family dysfunction (Chassin, 2008, p. 167). Legal difficulties can also create hurdles to appropriate treatment (Henderson, et. al., 2007, p. 279).

One of the largest obstacles for juvenile offenders needing treatment for substance abuse is co-morbid mental health concerns. The reality is that substance use disorders are the most common co-occurrence with a mental illness and "these disorders put children at risk for troublesome behavior and delinquent acts" (National Conference of State Legislatures, n.d., p. 3). Teplin et. al. found that over 20% of males and almost 30% of females with a substance use disorder "also had a major mental disorder. Among youth with drug and alcohol use disorders, more than one-third of females and more than one-quarter of males had a major mental disorder" (2006, p.7). The researchers looked for differences between gender, ethnicity, and age but did not find anything significant (Teplin et. al., 2006, p.7). Some research has shown that girls are more likely to have a co-occurring disorder, with a substance use disorder, than males. For example, anxiety and depression are quite common for female detainees (Chassin, 2008, p. 167). Also some juvenile offenders have multiple psychiatric disorders that need to be addressed (Henderson, et. al., 2007, p. 279). Unfortunately co-existing mental health concerns can be an obstacle for treatment for substance use disorders since it complicates treatment (Teplin et. al. 2006, p. 7).

Another problem is that although many juvenile offenders have mental health needs, including substance use disorders, they are not all being screened once detained. In many states there is not a protocol for how to assess juveniles' mental health; however, some states are now realizing the importance of early detection. "According to the National Center for Mental Health and Juvenile Justice, youths who immediately receive a mental health screening are more likely to have their problems identified and treated" (National Conference of State Legislatures, n.d., p. 4). Nevada is a great example of a state taking action. All juveniles who are held for detention hearings will now be screened for mental health and substance abuse problems in this state. The results of each screening and suggested treatment plan will be shared with the juvenile courts. Other states are requiring evaluations based on the crime. For example, Oregon requires any adolescent who commits an alcohol-related crime to be assessed and given a treatment plan, including drug and alcohol education (National Conference of State Legislatures, n.d., p. 4).

The treatment itself can also create an obstacle for juvenile offenders' recovery from substance use disorders. There are many treatments available, but it should be mentioned that "no single treatment approach has been proven most effective" (Chassin, 2008, p. 165). It has been established that "treatments available for these youth often do not provide the comprehensive, multifaceted services that these youth need" (Henderson, et. al., 2007, p. 279). Many times there are not enough treatment spots available to meet the needs of the juvenile offenders who have substance use disorders. Laurie Chassin suggested a "substantial unmet treatment need among juvenile offenders" (2008, p. 170). Laura Burney Nissen and Jessica Pearce agreed that many of the adolescents in the juvenile justice system need a "quality substance abuse intervention but are unlikely to get one" (2011, p. S60).

The juveniles themselves can also cause a barrier to treatment. Many juveniles, including adolescent offenders, do not see a need for treatment. Their lack of interest and dedication make it difficult to engage this age group, as well as keep them in treatment. In addition to the effects of the teenagers' attitude, getting juvenile offenders to participate in aftercare services can also prove difficult (Chassin, 2008, p. 173).

In addition to the limited space, researchers have found that this population is especially difficult to treat for substance use disorders. Tripodi and Bender found individual based treatments and family based treatments are far less successful with juvenile offenders than their peers in the general population (2011, p. 250). Because of this difficulty it is especially important for new studies to be created and researched to ensure that the most effective treatments are available.

Effective Treatment Approaches

As mentioned earlier, there are many different types of treatments available for juvenile offenders with substance use disorders; however, not all have been proven effective. Thankfully as more research is complete there is data to suggest that there are effective treatment approaches to either enhance previously used tactics or completely new methods that assist juvenile offenders with their substance use disorders. This paper will take a closer look at four treatment approaches, which include: multi-systemic therapy (MST), family functioning therapy, juvenile drug courts, and mindfulness. There are other treatments that are not covered in this paper that have also shown positive outcomes and are effective when working with juvenile offenders who use or abuse substances.

Multi-systemic Therapy (MST)

Multi-systemic therapy (MST) is a multi-systems approach created from the socio-ecological model of development. MST is especially noteworthy since it is the only program that is listed as “effective” on the crimesolutions.gov website when the results have been filtered to only include “juvenile offenders” under topic and “alcohol and drug therapy/treatment” under program type (National Institute of Justice, n.d.). “The premise of the approach is that substance use is a function of the effects of multiple systems and youths’ interactions with each system” (Tripodi & Bender, 2011, p. 250). This method used to assist juvenile offenders who have a substance use disorder is very intensive, as well as interactive. Clinicians, who can be reached 24 hours a day in case of a crisis, are assigned to a minor and his/her family. Families also receive 50 hours of counseling over a four-month period (The Future of Children, n.d., p.4). Clinicians provide in-home services which are goal oriented: focusing on finding resources and assets within each system, as well as improving or limiting risk factors if possible. One way that this is accomplished is by working with the adolescent to identify pro-social peers, rather than those who participate in delinquent behaviors. This approach is ultimately trying to change the “family system with the youth present” (Tripodi & Bender, 2011, p.251). Collaboration with other community resources is also a key part of MST, which also allows MST teams to decrease obstacles to other services. The downside with this approach is the cost; however, cost-benefit analysis have found that this approach is preferred over “punitive sentences to locked facilities” (Tripodi & Bender, 2011, p. 250). With that said, MST proves to have positive results. One study found that MST “significantly reduced substance use among juvenile offenders,” while other studies found mixed results such as a decline in marijuana use but not in other measured substances (Chassin, 2008, p. 172).

Functional Family Therapy (FFT)

This approach's goal is to improve family dynamics and focuses on teenagers 11 to 18 years of age who struggle with delinquency, violence, or substance abuse. "Specifically, individual therapists work with a family in the home to improve problem solving, increase emotional connections, and strengthen parents' abilities to provide structure, guidance, and limits for their children" (The Future of Children, n.d., p. 4). Unlike MST, this program is seen as "highly cost effective," as well as a successful intervention program (Carter, 2012). The primary difference is that FFT is not as intensive, nor does it provide as comprehensive of services as MST (Carter, 2012).

Juvenile Drug Courts

There are over 400 juvenile drug courts operating in the United States (Nissen & Pearce, 2011, p. S61), but research has shown "mixed evidence of their effectiveness in treating substance-abusing juvenile offenders" (Henggeler, S. W., McCart, M. R., Cunningham, P. B., & Chapman, J. E., 2012, p.264). These drug courts screen juvenile offenders to see if they meet the "eligibility criteria," which is defined by a planning team, who considers funding limitations and availability of treatment resources. These courts use sixteen strategies to meet the needs of the youth they serve: clearly defined target population and eligibility criteria, collaborative planning, community partnerships, comprehensive treatment planning, confidentiality, culture competence, developmentally appropriate services, drug testing, educational linkages, family engagement, focus on strengths, gender-appropriate services, goal-oriented incentives and sanctions, judicial involvement and supervision, monitoring and evaluation, and teamwork (National Council of Juvenile and Family Court Judges, n.d.). Juvenile drug courts prove to be effective but they only

focus on a narrow population. From this treatment approach we have learned how impactful system collaboration and community engagement is and can be for juvenile offenders with substance use disorders. Further research has shown that juvenile drug court can have an even greater effect with combined with other treatment approaches, such as contingency management and family engagement strategies (Henggeler, et. al., 2012).

Mindfulness

Mindfulness has recently gained popularity in counseling and psychology fields alike and this approach has found its way into substance abuse treatment programs, as well. One group that focuses a lot about incarcerated youth is the Mind Body Awareness Project. They developed a program that is a “10-module mindfulness intervention tailored specifically to the needs of extremely high-risk and incarcerated adolescents” (Himmelstein, 2011, p. 3). This approach is tailored to meet the needs of this population by focusing activities and conversations around issues that juvenile offenders face, including substance use and abuse. Mindfulness meditation, didactic training, group process, and informal mindfulness exercises are all included in this approach (Himmelstein, 2011, p. 3).

After Sam Himmelstein reviewed the literature on the positive effects mindfulness practices can have with adolescents and incarcerated youth he decided to create a mindfulness program that had specific interventions for substance using incarcerated youth for a research study. As a result, he created “this mindfulness-based substance use intervention [which] is a group-based therapeutic treatment that incorporates formal and informal mindfulness practices, didactic drug education, experiential exercise, and group discussion into each module” (Himmelstien, 2011, p. 4). Past research was supported by his results and although more research

needs to be conducted with this approach, mindfulness-based interventions do seem to be a viable option for substance using juvenile offenders or individuals at high-risk (Himelstien, 2011).

Conclusion

Research shows us that substance use or abuse is quite common for juvenile offenders. Studies have also shown that “between 65 percent and 70 percent of the 2 million children and adolescents arrested each year in the United States have a mental health disorder,” including substance use disorders (National Conference of State Legislatures, n.d., p.2). Substance abuse and juvenile crime is currently very cyclical, but it does not have to be. Although juvenile offenders with substance use disorders can be difficult to treat there are effective treatment approaches, as well as new ones that seem promising, to assist these minors in recovery, but also in their lives overall. Treatments like Multi-systemic therapy (MST) and Family Functioning Therapy (FFT) have proven to be effective over time, while Mindfulness looks like a promising approach. The Juvenile Drug Court system has been present for many years and now researchers are finding ways to make it even more effective. Clearly more research needs to be focused on substance abuse and juvenile offenders. Studies that build on one another to show consistent effectiveness of an approach would be one approach to further research. Overall juvenile offenders and substance use go hand in hand. Continued research will help these adolescents build a successful life for themselves outside of the juvenile justice system.

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