To Decrease Juvenile Offending, Make Effective Drug Treatment a Priority.

SUMMARY

Substance use is prevalent among juvenile offenders, and predicts both continued offending and a less successful transition to adulthood. Yet many juvenile offenders with drug problems go untreated. A number of studies, including Pathways to Desistance, have shown it is possible to use drug treatment to decrease juvenile offending. These studies lead to the following recommendations:

- Juvenile justice systems should screen all offenders, identify and evaluate substance use problems, and provide appropriate services as early as possible.
- Drug treatment should make better use of evidence-based practices, such as family involvement in drug treatment.
- Drug treatment in the juvenile justice system should be targeted in type and intensity to the needs of the adolescent.
- Juvenile offenders with drug problems in institutional care should receive continued drug treatment when they return to the community; this requires providers to develop methods to engage these adolescents in treatment.
- Juvenile justice systems should seek opportunities for funding community-based substance use services—for example, using the expanded access through the Affordable Care Act and continuous or presumptive eligibility for Medicaid and CHIP.

Substance use is prevalent among juvenile offenders, and predicts both continued offending and a less successful transition to adulthood.

Juvenile offenders are very likely to use alcohol or drugs, and are also more likely than other adolescents to have a diagnosable substance use disorder. In fact, substance use disorders are the most prevalent type of disorder in this group. A major, multidisciplinary research project, Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders, found that 57 percent of these adolescents reported using marijuana in the previous six months, and 48 percent had used more than one substance; more than a third of them had a diagnosable substance use disorder in the past year, compared to 10 percent in the general adolescent population. These figures are consistent with a number of other studies, which have found that the majority of adolescents in the juvenile justice system have used alcohol or drugs in the past six months, and 25 to 55 percent had a substance use disorder in that time period.

Substance use is especially significant in this group because both alcohol and illegal drug use increase the risk of future offending—including violent, severe, and chronic offending. Substance use also predicts a less successful transition to adulthood, including a lower likelihood of successfully occupying adult roles. For example, Pathways to Desistance found that juvenile offenders with substance use disorders had more re-arrests, more antisocial activity, and

less gainful activity. In a study of one subsample, those who used drugs also had less growth in psychosocial maturity, suggesting that substance use can impair adolescents' maturity level and positive development.[1]

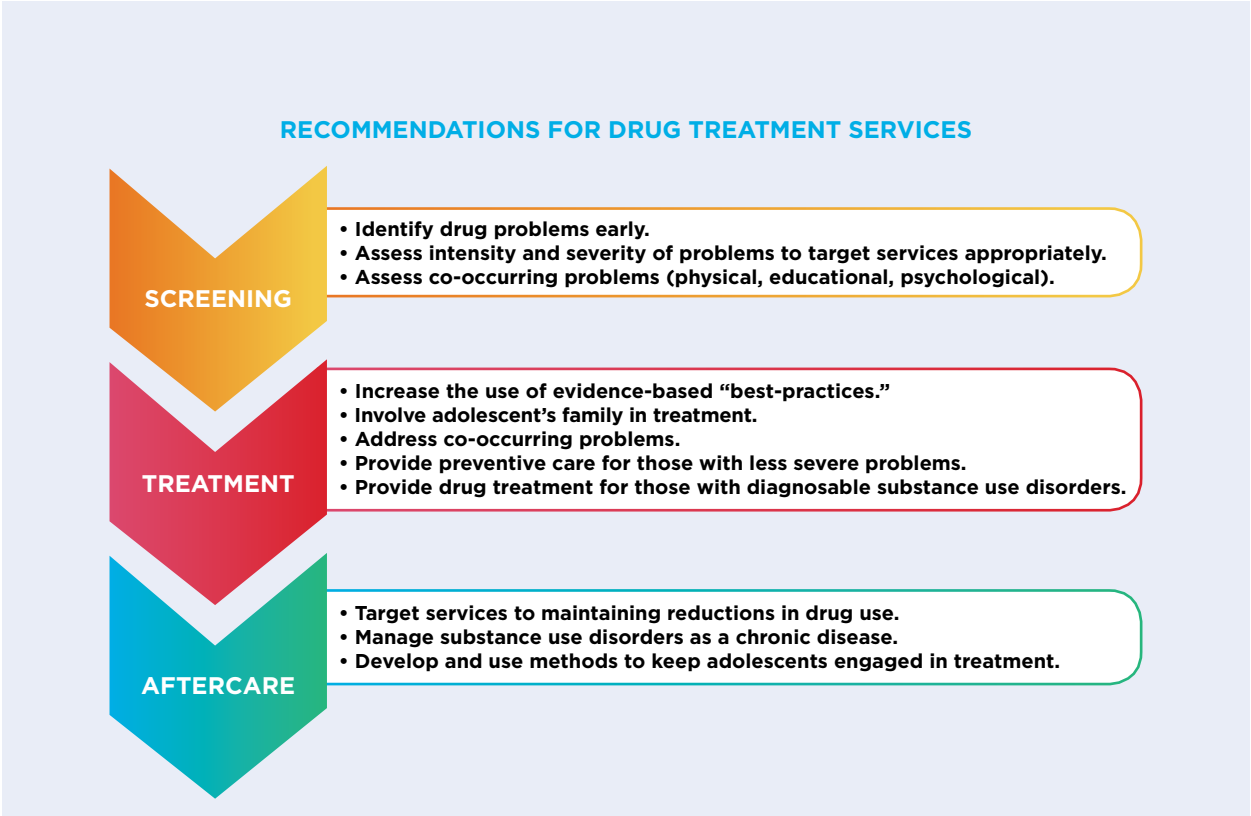
The encouraging news is that these impairments were not permanent, and they improved with reductions in substance use.[2]

Many juvenile offenders with drug problems go untreated. There is a particular shortage of community-based treatment.

Given the problems described above, substance use treatment is clearly an important intervention in juvenile justice. In fact, the juvenile justice system is the largest referral source for publicly funded adolescent drug treatment services in the United States.[3]

Despite this, many juvenile offenders with substance use problems are not screened for the problem and do not receive treatment. The Pathways study found that, among a subsample of adolescents who had a diagnosable substance use disorder at the beginning of the study, only 44 percent reported having received any substance use treatment one year later.[4] While this is better than in the general adolescent population (where estimates are between 10 and 15 percent[5]), it is still notably low—and a serious concern—given that these are adolescent offenders who committed felonies. Juvenile justice systems should make screening and treating juvenile offenders for substance use a priority.

Moreover, most of the drug treatment the juveniles did receive occurred in confinement; relatively little drug treatment took place in the community. Even when we look at the entire seven



years of the Pathways study, only 30 percent of juvenile offenders with a substance use disorder ever received treatment for it *in the community*. Since the vast majority of adolescent offenders are released back to the community, and a growing number receive community-based dispositions, the need to support community-based substance use services is clear.

Drug treatment should make better use of evidence-based practices, such as family involvement in drug treatment.

Substance use treatment in the juvenile justice system often does not use practices that have been proven to be effective. For example, a study of a subsample of Pathways participants found that involving families in treatment is an essential element in reducing offending. Unfortunately, interventions that include families are not the norm: for this sample of participants, only 27 percent of those who received treatment reported family involvement in these services.[6] The low rate of family involvement is likely due in part to the lack of community-based drug treatment services, since it can be difficult to involve families in treatments based in residential facilities. Nonetheless, this leaves adolescents in these facilities with less than optimal treatment.

Drug treatment in the juvenile justice system should be targeted in type and intensity to the needs of the adolescent.

Another evidence-based recommendation, confirmed by the National Institute on Drug Abuse and others, is to match the substance use services to the needs of the adolescent. Adolescents with a diagnosable substance use disorder should get intensive drug *treatment*, while those with less severe drug use issues can benefit from less-intense *preventive* services.[7]

Data from the Pathways study show that this targeting is happening inconsistently. In contracted residential services, adolescents with diagnosable substance use disorders were no more likely to get drug treatment than were those without a disorder.[8]

This failure of targeting is not universal; a study of one subsample of participants found that adolescents with more serious drug problems are likely to receive treatment, while adolescents who clearly have no substance use problems are unlikely to get treatment. The failure of targeting occurred at moderate levels of drug problems, where the required treatment is likely to be less obvious. The ambiguity of moderate drug problems also led to racial/ethnic bias: among youth with moderate levels of drug problems, White offenders were more likely to get drug treatment than were African American or Hispanic offenders.[9]

These findings point to two clear steps for improvement. First, it is very important for the juvenile justice system to screen all adolescent offenders, identify and evaluate substance use problems as early as possible, and provide services—in the community for the majority, but also in institutional placement for those who must be removed from the community to protect public safety. Second, services have to be targeted in intensity to the severity of the problems. In both of these efforts, administrators and providers must take care to avoid racial bias.

Juvenile offenders with drug problems in institutional care should be engaged in continued drug treatment when they return to the community.

Some aftercare programs have been found to reduce juvenile re-offending, though the

effects vary greatly with the characteristics of the adolescents. Notably, aftercare has been reported to be less effective for drug-abusing adolescents.[10] The reason may be that these young people don't receive services of sufficient intensity during the aftercare period.[11] Or it may be that typical aftercare programs are not specifically designed to maintain reductions in drug use.

Drug problems can be thought of as relapsing and remitting disorders that need to be managed like a chronic disease, both in the general population and in adolescents in the juvenile justice system. This points to the need for specific aftercare interventions to maintain sobriety, and there are in fact some programs targeted at this goal. For example, one study found marijuana use was reduced with an approach called Assertive Continuing Care, in which the youth is assigned to a case manager for 90 days; there are weekly meetings with the adolescent and caregivers, and both are linked to other services.

The key for juvenile justice systems is to identify drug treatment programs that have been shown to reduce adolescent drug problems, and adapt them for use in aftercare programs.

Juvenile justice systems should seek and use opportunities for funding substance use services.

While there is certainly a lack of infrastructure and funding models for managing drug problems as chronic disorders, opportunities do exist. The Affordable Care Act has made drug treatment an "essential benefit," which will boost access to insurance coverage for these services. Adolescents in the juvenile justice system are often covered by Medicaid or the Children's Health Insurance Plan (CHIP). Though this coverage stops while the adolescent is incarcerated, federal regulations do not require that it be terminated. Instead, eligibility can be suspended, which would make it easier to resume coverage for drug treatment during aftercare. Other options include continuous eligibility, which guarantees eligibility for Medicaid or CHIP for 12 months, regardless of status changes; and presumptive eligibility, in which a released youth is assumed to be eligible, making it easier to reinstate coverage.

These mechanisms can create the environment needed to support continuity of care for badly needed substance use services.

FURTHER READING

"Substance Use and Substance Use Disorders as Risk Factors for Juvenile Offending," by Laurie Chassin et al. In the *APA Handbook of Psychology and Juvenile Justice*.

"Substance Use and Delinquent Behavior among Serious Juvenile Offenders," by Edward Mulvey et al. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin Series.

"Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide" NIH Publication No. 14-7953, National Institute on Drug Abuse.

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11. Chung, H., Schubert, C.A., Mulvey, E.P. (2007). An empirical portrait of community reentry among serious juvenile offenders in two metropolitan cities. *Criminal Justice & Behavior*, 34, 1402-1426.

The Pathways to Desistance study is a multi-site, longitudinal study of serious adolescent offenders as they transition from adolescence into early adulthood. It is funded by the John D. and Catherine T. MacArthur Foundation in partnership with federal and state agencies and other foundations. For more information, contact Carol Schubert at schubertca@upmc.edu, or visit the Pathways website, www.pathwaysstudy.pitt.edu.

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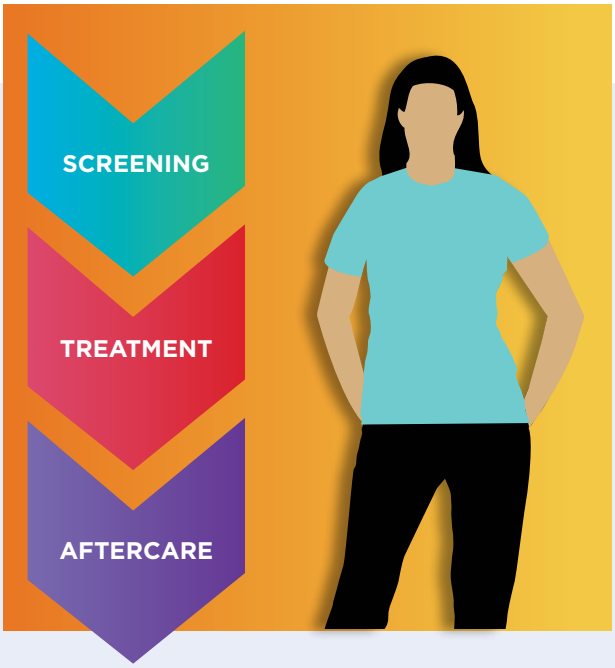

Substance use and substance use disorders are very prevalent among juvenile offenders. Moreover, they are important predictors of juvenile offending. Pathways to Desistance, a major, long-term study of serious juvenile offenders, has shown that drug treatment services can help reduce continued offending in this population, but only if used appropriately. Interventions must be evidence-based, resources must be tailored to the severity of the problem, and community aftercare services must be specifically targeted at reducing substance use. Such services are relatively scarce and should be increased, following these guidelines:

SCREENING

- Identify drug problems early.
- Assess the intensity and severity of the problems in order to target services appropriately.
- Assess co-occurring physical, educational, and psychological problems.

TREATMENT

- Increase the use of evidence-based practices.
- Involve the family in treatment.
- Address co-occurring problems.
- Provide preventive care for those with less severe problems.
- Provide drug treatment for those with diagnosable substance use disorders.

AFTERCARE

- Target services to maintaining reductions in drug use.
- Manage substance use disorders as a chronic disease.
- Develop and use methods to keep adolescents engaged in treatment.

"Substance Use and Substance Use Disorders as Risk Factors for Juvenile Offending," by Laurie Chassin et al. In the *APA Handbook of Psychology and Juvenile Justice*.

"Substance Use and Delinquent Behavior among Serious Juvenile Offenders," by Edward Mulvey et al. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin Series.

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Models for Change: Systems Reform in Juvenile Justice, launched in 2004, is a multi-state initiative working to guide and accelerate advances in juvenile justice, to make systems more fair, effective, rational, and developmentally appropriate.

The Resource Center Partnership is expanding the reach of the *Models for Change* initiative—its lessons, best practices, and knowledge built over a decade of work—to more local communities and states. The Partnership provides practitioners and policymakers with technical assistance, trainings, tools, and resources for juvenile justice reform.

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