

Substance Use Disorders Among Youth in the Juvenile Justice System

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Abstract

Substance use disorders have become more prevalent among juvenile justice system detainees in recent years. A review of substance abuse among adolescent offenders is offered, indicating a serious need for treatment. The researchers examine the existing literature, therapies used in the past, and the barriers to youth in the juvenile justice system engaging in substance abuse treatment. Recent statistics of substance abuse disorders, barriers to treatment, detection methods and interventions, and causes of substance misuse among youth involved in the juvenile justice system are assessed. Implications for young detainees to underline the critical need for attention to the subject are provided. Recommendations to reduce high rates of substance use and enhance treatment approaches are suggested.

Keywords: Substance abuse; Juvenile justice; Detection; and Treatment.

1. Introduction

Substance use disorders (SUD) have become more common among juvenile justice system detainees in recent years. The high prevalence of substance misuse among juvenile offenders point to a critical need for treatment. Adolescents' participation in substance use treatment, however, is hampered by a number of obstacles. Past studies illustrate the one-of-a-kind therapies employed in the past. Many interventions use both qualitative and quantitative approaches to examine substance use problems among young offenders. Researchers identify current "best practices" in the treatment of substance use disorders among youth in the juvenile justice system, despite the fact that no single treatment technique has been proven to be the most effective.

2. High Rates of Substance Use Problems Among Youth in the Juvenile Justice System

Substance abuse is common among youth involved in the legal system [1] [2]; up to one-third of them fit the criteria for a substance use disorder, and juvenile offenders who have substance abuse issues are more likely to re-enter the system [3]. Every year, more than 2 million young people are detained [4], with approximately half of them having a substance

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use disorder [5]. In comparison to 6%-10% in school and community samples, between 62%- 81% of youth involved in the juvenile justice system have SUDs [5]. Early drug use is linked to later substance addiction problems, with older teens and young adults showing the most dramatic increases in harmful behavior [6]. Substance abuse problems are more common in troubled youth, including homeless youth, school dropouts, and those with mental health illnesses [7]---many of whom are involved in the juvenile justice system. 2.08 million, or 8.33 percent, of 12 to 17-year-olds in the United States said they used drugs in the previous month [6]. When those in detention are included, over one-fifth of those entering the juvenile justice system (17%) fit criteria for substance use disorders, a figure that jumps to 39 percent [8]. Moreover, substance abuse is so frequent among adolescents, with over two-thirds reporting alcohol usage by the 12th grade and 14% reporting illicit drug use [9]. There is a robust and well-established relationship between juvenile criminal offending and adolescent substance use and substance use disorders.

Of note is the LGBTQ community, a combination of groups that are diverse with respect to gender, sexual orientation, race/ethnicity, and socioeconomic status. As Winerman explains this community of people are also dealing with complex issues including substance abuse, suicide, and mental health disparities [10]. In addition, the article, "Preventing Substance Abuse Among LGBT Teens", the authors noted LGBTQ teens are more likely than their non-LGBTQ peers to abuse drugs and alcohol based on stigma, harassment and even rejection by their families [11].

Adolescents in the juvenile justice system have much greater rates of substance abuse and mental health problems than their non-offending peers in the community [12]. Arrested teenagers also start using drugs sooner than other adolescents, putting them at a higher risk of developing more serious addictions [12]. In 2000, 56 percent of boys and 40 percent of females who were arrested for criminal offenses tested positive for drug usage [13]. Though estimates vary depending on population characteristics and assessment criteria, up to 80% of justice-involved youth report lifetime substance use; additionally, up to 40% of justice-involved youth meet criteria for a substance use disorder, and a significant number of youth offenders suffer from multiple comorbid mental health and substance use disorders [12]. Evidently, this research shows that these rates have only increased from 2000 to 2019, indicating that this is still a public health crisis.

To date, Information about rates of arrest of LGBTQ youth in particular, for drug-related offenses is limited. Based on sources available, a correlation notes LGBTQ youth are at increased risk of arrest for these types of offenses. Also, LGBTQ youth may use substances at higher rates than their peers, possibly as a coping mechanism related to the discrimination and stigma they experience related to their sexual orientation or gender identity according to this case research [14].

3. Barriers to Engagement in Substance Use Treatment Among Youth in the Juvenile System

There are a number of impediments that prohibit juvenile justice system inmates from receiving substance abuse and behavioral therapy. For example, according to a 2008 assessment, diversion programs are underutilized due to a lack of case management and initial intake examination [13]. This is a problem because if juveniles can be screened before being committed to facilities, they may be able to enter diversion programs instead, allowing them to receive treatment in the community. Similarly, according to another study from 2019 (eleven years later), there is a lack of systematic

mental health and substance use screening in the juvenile justice system [12]. Clearly, there has been no improvement in the lack of systematic mental health and substance abuse screening throughout the years. Even if screening was provided promptly, identifying teenage substance use and substance use problems remains difficult [13]. Self-report data is used in the majority of standardized tests and structured interviews, which requires youths to not only understand complicated questions but also to provide accurate and honest answers [13]. Adolescents may be hesitant to confess their substance usage because it is illegal [13]. Indeed, at least half of teenage cocaine users (as detected by bioassay) denied taking cocaine recently in one research of juvenile inmates; self-reports may thus be more accurate for previous use than for present use [13]. Furthermore, many juvenile justice detainees have low reading skills, making self-administered questionnaires difficult for them to complete since they do not understand the questions [15]. When interviewers try to figure out what kind of treatment they need, this issue might be a roadblock for adolescents. Another problem with self-reporting is that it is difficult for young people to recollect facts. The use of drugs may impair a subject's capacity to recall exact details. When analyzing youth in the juvenile justice system, impaired recollection makes it difficult to detect trends and details of substance use [15].

Aside from the challenges of juvenile self-reporting and screening, there are other hurdles to therapy for youth who are engaged. For example, there is a large gap between a youth's release from incarceration and their initial interaction with a probation officer in the juvenile justice system, which causes delays in service connection and engagement [12]. Furthermore, while evidence-based interventions (EBI) for substance use targeting juvenile justice system adolescents exist, high-quality EBIs are frequently unavailable in community mental health clinics (CMHC) [12]. Aside from a lack of EBI distribution and implementation in CMHCs, there is a lack of behavioral providers and clinicians in community-based settings who can deliver these services, and caseloads are sometimes too big to execute intensive treatments [12]. It is critical to adopt cost-effective EBIs in community-based settings that appropriately treat substance use among youth in the juvenile justice system. For there to be a decline in substance use disorders among adolescents, the barriers that prevent youth from seeking treatment must be addressed.

4. Detection of Substance Use in Youth in the Juvenile Justice System

Researchers have discovered substance use in juvenile justice system adolescents in a variety of methods. Previous research suggests that a combination of self-reports and biological measures is likely required to fully assess young offenders' substance use problems [13]. The two most popular methodologies for detecting substance use in detained populations are self-report and bioassay [15]. A mail questionnaire, a self-computerized instrument, or a face-to-face interview can all be used to collect self-report data [15]. Bioassays, also known as biological measures, can be performed on a variety of tissues and fluids [15]. Urine, hair, saliva, sweat, blood, and sperm are commonly used. The presumption that the drug or a metabolic byproduct unique to the body's digestion of the drug will be present in the fluids or tissues tested is common to all bioassays [15]. These two types of detection have been explored by researchers as the most commonly and historically employed approaches among youth in the juvenile justice system.

Similarly, prior research suggests collecting information on substance use using the Diagnostic Interview Schedule for Children (DISC 2.3). Alcohol, cannabis/hashish, uppers/speed, downers, tranquilizers, heroin and opiates, cocaine/crack cocaine, hallucinogens, and inhalants are all measured with the DISC instrument [15] [7]. The questionnaire

inquiries about lifetime usage, age at first use, frequency of use in the previous year, any use in the preceding six months, and therapy [15] [7]. Past researchers have also employed a distinct type of intervention known as Enzyme-Multiplied Immunoassay Tests (EMIT) [15]. They were utilized to determine whether or not the subjects had used illegal drugs [15]. The EMIT-10 panel tests for the presence of amphetamines, cocaine, cannabis, and more [15]. One of the oldest approaches for analyzing substance abuse in youth is to employ these two types of therapies.

Furthermore, there are newer, more current techniques of screening for detecting substance usage in juvenile justice system inmates. CRAFFT, used by trained clinicians, for example, consists of six yes or no questions about substance use (e.g., do you ever use alcohol or drugs to relax; has your family ever expressed concern about your alcohol or drug use) as well as questions about past year substance use frequency, with a higher score indicating more severe substance use problems [12]. This has been shown to be a useful clinical tool for determining the risk of substance abuse in children and adolescents [12]. It is similar to self-reporting in that it uses questions to detect substance abuse among teenagers.

5. Forms of Interventions Among Youth in the Juvenile Justice System

Recent research, notably, depicts more current kinds of individual interventions for juvenile justice system youngsters. Teen Intervene, for example, is based on motivational interviewing and has been shown to effectively reduce mild to moderate substance use among teenagers, particularly among juvenile justice system youngsters [12]. Teen Intervene is a three- to six-session manualized individual-based treatment for teenage substance abuse that employs motivational interviewing, cognitive-behavioral therapy, and self-change principles [12]. It has been found to reduce substance usage and enhance motivation to change substance use in adolescent and court-involved teenage substance users [12]. This type of intervention consists of elements that can benefit and assist adolescents who need and want to overcome their substance abuse problems.

Furthermore, for adolescents with problematic substance use and more severe substance use disorders, there are several empirically supported outpatient treatment options, including cognitive behavioral therapy (CBT), motivational enhancement treatment (MET), and contingency management (CM) [12]. For example, ENCOMPASS is a manualized outpatient intervention that integrates MET, CBT, CM, and medication to treat adolescents with co-occurring drug use and common mental health issues [12]. This additional intervention strategy has the potential to reduce both substance abuse and the severity of mental health disorders.

6. Causes of Substance Abuse in Juvenile Justice System Involved Youth

Although it is impossible to say that substance misuse in children causes delinquent behavior, there is a clear association. Although there is a clear link between the two behaviors, there are a number of factors that lead to youth with substance abuse problems ending up in the juvenile justice system. Some of the same elements that make someone vulnerable to criminal activity also make them vulnerable to substance abuse [16]. Parental substance use disorders, poor parenting, conflictual home situations, and dispositional characteristics like sensation seeking and behavioral disinhibition increase an adolescent's likelihood of taking drugs and alcohol and/or engaging in unlawful behaviors [16]. Adolescents struggling with a particularly challenging or pervasive mix of circumstances, such as academic

struggles and a violent family environment, may seek solace in either substances or illicit activities, or both [16]. Learning difficulties, poor mental health, and childhood trauma and adversity have all been linked to an increased chance of a young person becoming involved in the criminal justice system [17]. This danger is exacerbated by socioeconomic factors such as inequality and disadvantage [17]. Additionally, many youths who are victims of early childhood or teenage violence (e.g., physical abuse, sexual assault, or witnessing interparental violence) are subsequently discovered to be in the juvenile justice system as well [5]. Several sources also agree the LGBT group is more likely to smoke, drink alcohol or use drugs in addition to other major health concerns that include HIV/AIDS, mental illness, substance use, and sexual and physical violence [18]. Evidently, early childhood factors can play a role among substance use in the juvenile justice system involved youth.

Furthermore, the association between substance use disorders and criminality is not just a personal one. The peer group and/or neighborhood may have a role in the co-occurrence of substance abuse and criminal behavior [16]. An extreme illustration of this dynamic is continued gang involvement, which raises the likelihood of crime and substance use during late adolescence [16]. Similarly, when compared to adolescents who live in more stable communities, youth who live in high-crime districts may be exposed to drugs or recruited for criminal activities at a disproportionate rate [16]. Individual, familial, and environmental factors appear to all play a part in why teenagers with substance abuse problems end up in juvenile court.

7. Implications for Youth in the Juvenile Justice System

The most important conclusion across all studies is the overall confirmation of high rates of drug usage among juveniles entering custody. According to one study, all (94%) of the youth entering jail had used drugs at some point in their lives, and 85.4 percent had used drugs in the previous six months [15]. Per another study, kids in the juvenile justice system are less likely to obtain treatment than their non-offending peers [12]. According to researchers, finding adolescents who are in desperate need of help is far more challenging [15]. According to a distinct study, just one in every eight inmates had used a substance other than cannabis, and neither self-reporting nor urinalysis appear to provide an adequate assessment of such use [15]. Similarly, there have been no substantial self-reported decreases in substance use [13]. Self-reporting and urinalysis (EMIT-10) should be utilized in conjunction with other resources, such as histories of substance addiction treatment, records of drug-related arrests and charges, and information from families and schools on youth's drug usage, according to a previous study [15]. As a result, self-reporting and other detection procedures did not yield positive results.

Moreover, research indicates that some therapy actions are required. ENCOMPASS, for example, is required in vulnerable populations with a variety of risk behaviors and illnesses [12]. Other studies indicate that services in communities should be consistent. After detention, most communities lack adequate treatment programs for teenagers, and around half of all youths who require services do not obtain them [7]. Furthermore, researchers discovered that high-risk kids without addictions should be targeted because there is a lower probability of substance use escalating into one or more substance use disorders [7]. These findings suggest that such factors can help teenagers overcome their substance abuse problems.

8. Recommendations

Researchers have made a variety of recommendations in their literature. New regulations are needed, according to the researchers, to promote the use of standardized screening procedures and to ensure that screening occurs early enough in the process so that juveniles can be redirected out of the court system and into community-based programs where suitable [13]. Additional studies are needed to better include teenagers and their families in treatment, as well as to better address environmental risk factors and co-morbid illnesses, before any one treatment technique can be recommended [13]. Among other literary works, this recommendation that there is no “best practice” for treating substance use among adolescents can be found. Additionally, researchers, on the other hand, make suggestions for future research as well. According to one study, identifying social, psychological, and environmental factors that contribute to the initiation, persistence, and escalation of substance use disorders among youth at risk of delinquency will help overcome them [7]. This type of research can aid in the targeting of certain treatment approaches. In addition, policy should promote the adoption of empirically validated therapies and “best practices” within existing programs [13]. As a result, it should encourage the integration, continuation, and funding of these programs for young offenders both during and after their involvement with the criminal system [13].

9. Conclusion

In essence, the high prevalence of substance use problems among juvenile justice system inmates represents a public health crisis. As discussed, harassment, violence, and intolerance of the LGBT population still exists in our society and examples of such are well documented bringing attention to the issues and need for change to prevent them from entering the juvenile justice system. This research concludes there are a number of interrelated factors influencing substance use among juveniles.

The LGBTQ community represents a significant number of individuals in the prison pipeline often resulting from discrimination, homelessness or school drop-outs. A comprehensive report completed by the Gay, Lesbian, and Straight Education Network supports these findings. Moreover, geography influences the behavior and experiences of the LGBT population in addition to life experiences. Datti [11] effectively emphasizes the impact geography could have on LGBT youth reporting, “Especially in rural environments, LGBT persons may be considered nonexistent, go unaddressed, or, when discussed, be presented in a negative light” (p. 69-70). As such, this research demonstrates situations that could push the LGBTQ juveniles into substance use disorders and the criminal justice system.

Past study has revealed the identification of substance abuse, as well as interventions and the ramifications of the findings. However, as previously stated, no “best practice” has been identified for reducing substance use among juvenile justice system inmates. Yet, the unique challenges and needs of this population must be addressed. Future research ideas and recommendations on how to overcome some of the barriers encountered in this area of study are presented by a variety of researchers.

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