



Council on Crime and Justice

Responding to Juvenile Substance Abuse
Findings and Recommendations

Final Report

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Board of Directors Council on Crime and Justice

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I. INTRODUCTION

This study was undertaken to examine how the substance abuse issues of children and teens in trouble with the law are, or are not, being addressed by the community and the juvenile justice system. With funding from the Johnson Institute Foundation, a Committee of the Board of Directors of the Council on Crime and Justice convened stakeholders from the juvenile justice and health care systems. This Study Committee was co-chaired by Rose McGee and C. Paul Jones, both members of the Board of Directors of the Council, and sought to examine how these two systems interrelate in their response to alcohol and substance abuse among juvenile offenders in Minnesota.

The first section of this report sets forth our recommendations for improving the ways in which the community and the juvenile justice system address substance abuse issues of juvenile offenders. The subsequent sections provide background information and study findings that serve as the basis for our recommendations.

II. RECOMMENDATIONS

The following are recommendations resulting from the findings of the Study Committee. While the focus of this study was around issues of substance abuse among juvenile offenders, the Committee recognized the need to look beyond the juvenile justice system when making recommendations. While the juvenile justice system is a critical point for identifying and treating substance abuse problems, a key strategy in breaking the link between substance abuse and delinquency is recognizing these problems before the youth is formally involved in the system. Our recommendations reflect this need to frame the problem broadly, with suggested strategies for families, professionals across multiple systems, as well as the juvenile justice system.

The Study Committee offers four general recommendations for improving the ways in which substance abuse issues of juvenile offenders are addressed by the community and the juvenile justice system. In addition, the Committee offers some specific strategies that can serve as a starting point in addressing these recommendations. Recommendations for further consideration around these issues are also provided.

During the period in which this study was undertaken, the National Institute of Justice released a report titled, "Breaking the Cycle of Drug Use Among Offenders".¹ This report provides a set of recommendations along with a conceptual model for a comprehensive system to address juvenile-drug crime cycle. The recommendations provided in this document are a useful compliment to those offered here. A copy of this report can be accessed at <http://register.aspensys.com/nij/pubs-sum/179273.htm>.

1. Recommendations for Families

1.a Efforts should be undertaken to educate families on: 1) identifying substance abuse problems; 2) accessing assessment and treatment services; and 3) advocating for proper level of treatment. Family involvement in treatment and aftercare should be enhanced to increase successful treatment outcomes. When substance abuse problems among family members may interfere with an adolescent's recovery, assistance should be offered to these family members.

Recommended Strategies

- 1.b Schools, health care, social services, and other community agencies should identify and pilot models for educating parents on the identification and treatment of substance abuse problems.
- 1.c Advocacy and case management models for families whose children have substance abuse problems requiring treatment should be identified and tested.

2. Recommendations for Professionals

2.a Enhanced capacity for identifying substance abuse problems of children and teenagers should be developed within and across the major systems involved with adolescents: 1) juvenile justice; 2) schools; 3) chemical dependency; 4) mental health; and 5) health care.

Recommended Strategy

- 2.b Models for sharing information within collaboratives designed to address the substance issues of juvenile offenders should be developed and piloted.

2.c Education and training on the nature of substance abuse, assessment, and treatment should be provided to professionals across all systems. This training should include information on models of prevention, types of substances, rates of use, addiction and relapse, treatment, and prevention. Education about the referral process and the State's Rule 25 Assessment Procedure should also be provided.

Recommended Strategy:

- 2.d Education and training on the nature of substance abuse, prevention, assessment, and treatment should be required for all health, mental health, educators, social service and justice system professionals as part of professional, continuing education and certification.

3. Recommendations for System Collaboration

3.a Collaboration between the juvenile justice system, chemical dependency treatment services, mental health treatment services, health care systems, and schools systems should be encouraged to ensure that coordinated and continuous chemical dependency treatment is available at every step throughout the juvenile justice system. Specifically, collaboration is needed to ensure:

- Earlier intervention within the juvenile justice system;
- Models for assessment that match treatment programs to the specific clinical and social needs of the juvenile;
- Integrated mental health and chemical dependency treatment services for adolescents with co-occurring disorders;
- A full continuum of services that includes aftercare and follow-up; and

- A continuum of services for adolescents whose problems do not meet the criteria for formal treatment.

Recommended Strategy

3.b Financial and other incentives should be provided to facilitate collaborative initiatives to ensure that coordinated and continuous chemical dependency treatment is available at every point throughout the juvenile justice system. These collaboratives should be encouraged to develop and pilot model approaches for early assessment and intervention that match the identified needs of the juvenile to appropriate services. These collaboratives should be encouraged to develop and pilot model approaches for developing a full continuum of treatment services for adolescents with substance abuse problems.

4. Recommendations for Further Study

The work of the Study Committee identified several areas for further consideration. While not examined in depth in this current study, information reveals a need to further consider the following issues when examining how best to meet the needs of juvenile offenders with substance abuse problems.

4.a The impact of managed care on the availability of appropriate treatment for juvenile offenders should be examined. Over reliance on medical necessity criteria may be insufficient for the justice system where recidivism and public safety are more salient reasons for treating addicted offenders. Courts may need to play a larger role when managed care contracts (as well as other public and private health plan contracts) are negotiated to ensure that relevant medical, legal, and social considerations are considered.

4.b Ensuring that all those in need of chemical dependency services receive them is contingent upon several factors, including 1) full coverage for these services in private or public health plans and accountability to ensure that services are delivered as specified; 2) sufficient capacity to meet demand at all levels – inpatient, outpatient, and extended care; and 3) access to treatment services that are timely, in geographic proximity, and are culturally/racially, linguistically, and gender appropriate. These factors should be considered in greater depth to identify gaps, barriers, and other deficiencies in the current system.

4.c Further efforts to identify research-based assessment and treatment strategies that are most effective for juvenile offenders should be undertaken. A 1997 study examining predictors of success among a sample of adjudicated delinquents in Minnesota established a significant link between substance use and success at six-month follow-up with non-users less likely to re-offend.² While this study did not examine differences in outcomes for those who received treatment as compared with those who did not, there is evidence in the literature that adolescent substance abuse treatment is better than no treatment at all.³ Continued investigation into the effectiveness of different treatment modalities is warranted.

III. BACKGROUND INFORMATION

There are several factors that warrant a closer look at how the community’s chemical health and treatment system and the juvenile justice system are, or are not, coordinating their responses when young people get in trouble. These include high rates of use of alcohol and illicit drugs among young people and juvenile offenders in particular, a definitive link between crime and substance use, and gaps in the identification and treatment of substance abuse among juvenile offenders. These issues become especially important in light of the evidence in Minnesota that juvenile crime statistics have worsened in recent years. While arrests of juveniles increased by 14 percent nationally from 1993 to 1997, the percent increase in Minnesota was 53 percent.⁴ The following section of this report provides background information and statistics relevant to each of these aspects of the problem.

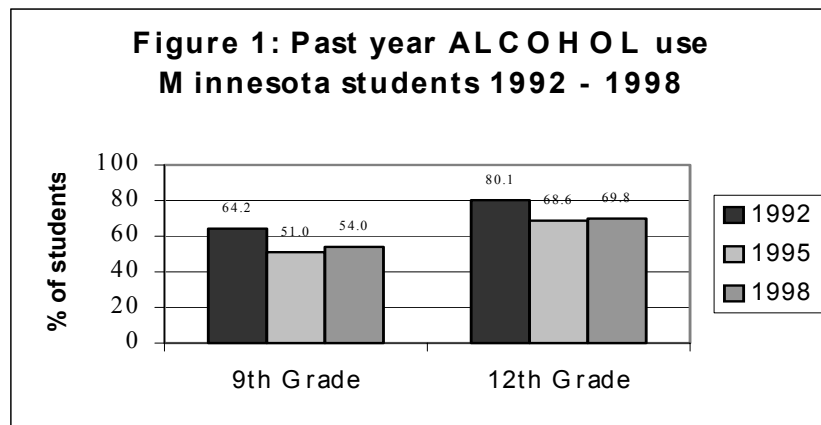
Prevalence of Substance Use

Alcohol

Use of alcohol among our nation’s youth remains high. Data from the 1999 “Monitoring the Future”, a yearly national survey of 8th, 10th, and 12th graders, indicated that over 50 percent of high school seniors are current drinkers and 31 percent are heavy, binge drinkers.⁵ Four out of five (80%) students have consumed alcohol by the end of high school, with half (52%) having done so by 8th grade. Over sixty percent (62%) of the 12th graders and a quarter of the 8th graders in 1999 report having been drunk at least once.

Generally, estimates of alcohol use for Minnesota’s youth mirror national levels. The Minnesota Student Survey provides prevalence estimates for 6th, 9th, and 12th grade public school students across the state. According to 1998 data, the most recent year for which data are available, annual use of alcohol (any use in the last 12 months) was reported by 54 percent of all Minnesota 9th graders and 70 percent of all high school seniors.⁶

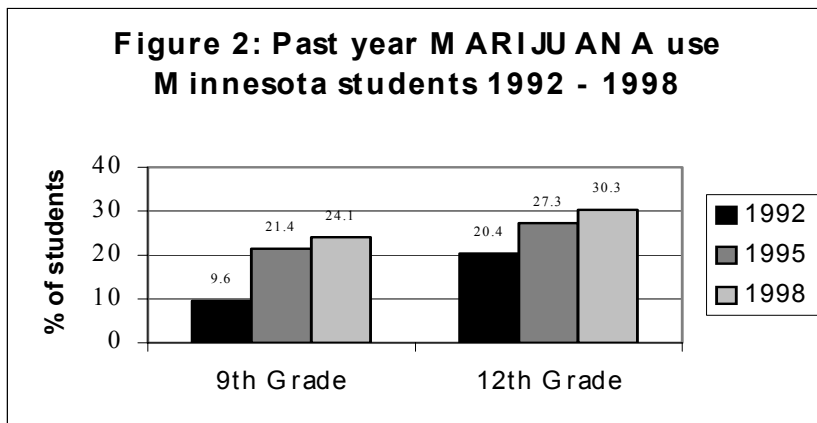
Between 1995 and 1998, annual alcohol use among the nation’s youth remained at a steady level.⁷ While this same trend occurred among Minnesota 12th graders, the rate for Minnesota’s 9th graders increased, from 51 percent to 54 percent (See Figure 1).



When young people drink, many drink to excess. Binge drinking (five or more drinks at one time) was reported by 34 percent of 12th graders in Minnesota during the past year (compared with 31 percent nationally) and 14 percent of 9th graders.⁸

Illicit Drugs

Nationally, over half of all high school seniors have reported ever using illicit drugs, with one out of four reporting current use.⁹ Marijuana is the most widely used illicit drug among young people, with marked increases in reported use since 1992 for all grade levels in both the national and Minnesota data (See Figure 2).¹⁰ Among Minnesota's students, its use was reported among 24 percent of 9th graders and 30 percent of high school seniors.¹¹ Nationwide, past-year marijuana use is 37 percent among 12th grade students.¹²



Source: Minnesota Student Survey, MN Dept. of Children, Families, and Learning, 1999.

Nationally, the rate of past use of any illicit drug other than marijuana among 12-17 year olds declined (from 11% in 1997 to 10% in 1998), the first significant drop in four years.¹³ This trend is evident in Minnesota as well. Overall, the use of any other drug (other than alcohol or marijuana) has declined among Minnesota students since 1992. In Minnesota, reported cocaine use among 9th graders was 5 percent and among 12th graders, 6 percent, in 1998.¹⁴ Use of inhalants was reported by 6 percent of 9th graders and 3 percent of 12th graders.¹⁵ LSD was used by 6 percent of 9th graders and 7 percent of high school seniors.¹⁶ Minnesota teens report comparable levels of cocaine and LSD use but lower levels of use of barbiturates and inhalants as their nationwide counterparts.¹⁷

Substance Use Among Juvenile Offenders

Use of alcohol and other drugs are even higher for youth in correctional facilities when compared to their public school counterparts. In 1995, the Minnesota Student Survey was administered to adolescents from all 20 juvenile correctional facilities (detention centers and residential facilities) in Minnesota. Young people in these facilities were much more likely than adolescents in public schools to report the use of every substance inquired about in the 1995 Minnesota Student Survey.¹⁸ The proportional differences between youth in corrections and public school students were smallest for alcohol. About 1.5 times more adolescents in corrections than adolescents in public schools used alcohol.

For all other substances, the differences in the proportions of users between the two groups were much larger. Youth in Minnesota's corrections facilities were more than two times more likely to use opiates, three times more likely to use marijuana and amphetamines, 4.5 times more likely to use LSD or other hallucinogens, and more than five times more likely to use cocaine than youth in public schools.¹⁹ Seventy-four percent of youth in corrections reported using marijuana, versus 25 percent in public schools. Thirty-seven percent reported using hallucinogens/LSD, versus 8 percent; 36 percent used amphetamines, versus 11 percent; 27 percent used cocaine, versus 5 percent; and 16 percent used opiates, versus 7 percent.²⁰

Costs and Consequences of Substance Abuse

Substance abuse is a problem that exacts a tremendous toll on communities. The negative impact of substance abuse can be witnessed in family violence and criminal activity. The economic costs to society are significant and include those related to arresting and jailing substance abusers, the expense of treating substance abuse, and the cost of health care. Nationally, the estimated cost of the immediate health and social consequences of underage drinking is estimated to be \$578 per household per year.²¹

It is well researched that crime, violence, and offending behaviors are closely related to abuse of alcohol and other illicit drugs. Although criminal practitioners work with this fact daily, the criminal justice system has been slow to coordinate its responses to offenders with the community's responses to substance abuse. Awareness building about the pervasiveness of this problem among adult offenders has helped immensely. A 1996 Bureau of Justice Statistics survey of prison inmates revealed that more than 36 percent of the 5.3 million convicted adult offenders in 1996 had been drinking at the time of the offenses for which they had been convicted. Nearly half of those convicted of assault and sentenced to probation had been drinking at the time of the offense.²² More than four in 10 convicted murderers, held either in jail or in state prison, reported that alcohol use was a factor in the crime.²³

Since publication of national policy recommendations in the 1996 report "Fixing a Failing System: How the Criminal Justice System Should Work with Communities to Reduce Substance Abuse,"²⁴ more is being done in Minnesota's county and state adult criminal justice and correctional systems to look more closely at offending behaviors for underlying substance abuse and address those issues.

Similar efforts are needed with juveniles. A 1996 study done by the National Parents' Resource Institute for Drug Education also found a significant association between delinquency and use of alcohol and other drugs. Alcohol use was reported by 76 percent of the youth who carried a gun to school, 68 percent who participated in gang activities, 52 percent who threatened to harm another person, and 65 percent who got into trouble with police.²⁵ Substantially higher percentages of youth who were involved in these threatening activities reported having used alcohol, marijuana, inhalants, and cocaine than did youth who were not involved in these behaviors.²⁶ A study of youth in custody found that nearly 40 percent of youth under the age of 18 were under the influence of drugs at the time of their current offense.²⁷

Aside from criminal behavior, there are several other well-documented negative impacts of substance use on the lives of teens. Drinking and driving is a significant problem associated with alcohol use among teenagers. Motor vehicle crashes is the leading cause of death among young people in Minnesota,²⁸ with alcohol involved in 38 percent of these fatalities in 1998.²⁹ In that same year, 17 percent of drunk drivers who were involved in fatal accidents in Minnesota were under the legal drinking age.³⁰

Underage alcohol use is also associated with increased incidence of unprotected sex, teen pregnancy, and sexually transmitted infections including HIV.³¹ A recent study of teens in Hennepin County revealed that those who currently use alcohol were more likely to report having experienced date violence, date rape, and physical or sexual abuse than were their counterparts who do not currently drink. Among teens in this study who currently use alcohol, 19 percent reported having run away from home at least once, 45 percent reported having damaged or destroyed property, and 44 percent reported having engaged in hitting or beating up another person at least once in the past year.³²

Substance abuse has also been linked with truancy³³ and decreased academic performance.³⁴ Substantial proportions of detainees not in school at the time of their arrest have been reported to test positive for drugs and many police departments report a rise in daytime crime rates because students are committing crimes instead of attending class.³⁵

Identification of Alcohol and Drug Abuse Among Adolescents

Identifying substance abuse problems is a critical first step in accessing needed services for young people and their families. In looking at the system, there are several potential points at which a substance abuse problem may be identified. The juvenile justice system clearly has an opportunity to assess and identify substance abuse problems among juvenile offenders and there are several assessment systems (both screening instruments as well as more comprehensive assessment tools) that are currently being utilized within the juvenile justice system. [An overview of these tools and instruments is provided in the 1999 NIJ report, “Breaking the Cycle of Drug Use Among Juvenile Offenders”.] In Minnesota, the capacity to conduct assessments and the point in time at which the juvenile justice system identifies a substance abuse problem, however, is reported to vary by county to county.

There are other points of contact outside of the juvenile justice system where substance abuse problems can be identified. Schools can serve as a logical place for identification and assessment of chemical dependency problems among juveniles. However, many variables impact a school’s ability to accomplish this, including the availability of resources for chemical health services.

Health care systems represent another potential point of identification of substance abuse problems for juveniles. Primary care professionals see more alcohol and drug abusers unintentionally than treatment professionals do intentionally. However, recent evidence suggests that many primary care providers fail to identify chemical dependency problems when providing general or emergency health care services. In a national survey of primary care physicians, 41 percent of pediatricians failed to diagnose drug abuse when presented with a description of an adolescent patient with symptoms of drug abuse.³⁶

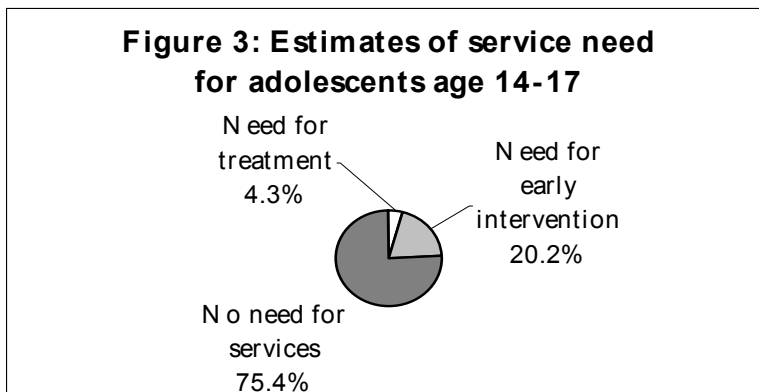
Finally, the community represents another important arena in the lives of young people where substance abuse problems can be identified. Family members, friends, and neighbors may represent the best and earliest opportunity for intervention when substance abuse problems become evident. In order to mobilize these community networks, however, significant efforts may be warranted to increase family and community members' awareness of drug and alcohol problems.

Treatment Services

Once a substance abuse problem is identified, access to treatment for young people and their families is of critical importance. Evidence indicates that treatment for substance abuse problems is both effective and cost beneficial. In a 1996 study by the Minnesota Department of Human Services, abstinence rates following treatment were high, ranging from 50 to 75 percent, with 64 percent of patients contacted remaining abstinent for six months post treatment.³⁷ Choice of substance is associated with outcome, with patients who abuse only alcohol faring better than those involved with other drugs.³⁸ Results also indicated a substantial decrease in daily use rates, which generally fell from one-half to one-third of pretreatment levels.³⁹ Full time employment rates increased dramatically from 24 to 39 percent from pre- to post-treatment.⁴⁰ Hospitalization rates dropped as much as 14 percent among the extended care programs, and detox admissions dropped from 24 to eight percent of the clients.⁴¹ DWI arrest rates declined within the six months following treatment to 3 percent, when pre-treatment rates within six months was 25 percent.⁴²

In terms of cost, treatment is the most effective way to reduce drug use and related crime, with a national study concluding that every dollar spent on treatment leads to \$7.46 reduction in crime-related spending and lost productivity.⁴³ The 1996 Minnesota Department of Human Services study also documented the cost-effectiveness of substance abuse treatment. Participation in Minnesota's treatment programs reduce medical hospitalizations, detox admission rates, DWI arrest rates, and other arrest rates. Close to half of the program costs for inpatients was offset by savings on these five mentioned indices alone.⁴⁴ In 12 months, the treatment costs to the State was almost \$43 million; \$29 million of that total was offset, a 67 percent offset in the first 12 months after treatment.⁴⁵ It should be noted that this cost offset did not include many significant measures of cost that could not be estimated, such as reductions in community violence and family abuse, reductions in the utilization of other drug and alcohol service programs, and reductions in medical and psychiatric care for family members.

Despite the evidence supporting treatment, one one-fourth of Minnesota youth aged 14-17 estimated to need treatment (12,114) receive it.⁴⁶ (See Figure 3). In addition, the Minnesota Department of Human Services survey findings suggest that slightly more than 56,000 youth may need some early intervention to avert further serious problems related to their alcohol or drug use.⁴⁷



Source: "Estimate of the Need for Alcohol/Drug-Related Services for Adolescents in Minnesota: Implications for Managed Care Organizations and Health Care Providers," MN Dept of Human Services, 1997.

Based on the patterns of use reported previously in this report, estimated need for treatment is likely to be even higher for juvenile offenders. Evidence suggests, however, that few juvenile justice jurisdictions provide appropriate treatment services. Nationally, it has been determined that less than 40 percent of public and private juvenile detention, correctional, and shelter facilities provide treatment.⁴⁸ When treatment is provided, it is often limited to support groups, with gaps in the provision of comprehensive assessment and individualized treatment. Additionally, it is difficult to obtain treatment services for adolescents with co-occurring addictive and mental disorders. The importance of this barrier is underscored by evidence that adolescents with emotional problems are four times more likely to be dependent on alcohol or illicit drugs than other adolescents.⁴⁹

In Minnesota, chemical dependency services may be offered to juveniles in out-of-home placements, however, it is unclear what percent of those needing chemical dependency services actually receive them. There are more than 100 different residential facilities that accept juvenile delinquents in Minnesota.⁵⁰ In a 1998 survey conducted by the Institute of Criminal Justice, half of all of these facilities reported providing chemical dependency services in their residential programs. Currently, chemical health at the Department of Correction's (DOC) juvenile facilities focuses on individual chemical use assessment, goal development, counseling, referral and evaluation.⁵¹ The juvenile correctional facility at Red Wing offers a residential substance abuse treatment program, which is based in a separate living unit with a current capacity of 30 residents.

While services are available in these residential facilities, chemical dependency was still identified as a priority programming need in a 1994 survey of residential facilities by the DOC.⁵² Questions about the timing and level of chemical dependency services also remain as juvenile offenders may not receive treatment until relatively late in their placement and may not be placed in aftercare treatment following discharge.

Summary

Young people and juvenile offenders in particular report significant levels of use of alcohol and other drugs. The link between the problems of delinquents and use of substances is clear. While the need for identification and treatment of substance abuse problems among this population is evident, public policy makers need more information about how youth substance abuse and juvenile crime and the relationship between these two problems – are, or are not being addressed effectively by the community and the juvenile justice system.

IV. BOARD STUDY FINDINGS

With funding from the Johnson Institute Foundation, the Board of the Council on Crime and Justice directed the Research Department to investigate three questions related to substance abuse among juveniles.

- 1) How are juveniles with alcohol or substance abuse identified within and outside of the juvenile justice system?
- 2) Are juveniles, once they have been identified as having an alcohol or substance abuse problem able to access treatment resources?
- 3) Is recidivism lower for juvenile offenders who receive drug treatment compared to the recidivism of juveniles not receiving drug treatment?

Questions One and Two were addressed through the collection of expert testimony. Over the course of several months, the Committee heard from a wide range of individuals that included youth, parents, educators, juvenile justice practitioners, and treatment providers. Their perspectives on these two questions are summarized in the findings below. It should be noted that these findings are based on a select sample of individual viewpoints and may not necessarily be representative of all perspectives in regards to these issues.

Question 3 was addressed using the results of a 1997 study conducted by the Wilder Research Center for the Minnesota Department of Corrections.⁵³ This study focused on 350 adjudicated delinquent offenders who entered juvenile correctional facilities, residential treatment, and group homes between May 1 and October 31, 1996. The study collected information on characteristics of the juvenile delinquents, level of functioning before and after treatment, services provided, and adjustment in the community at the time of intake into a facility, at the time of discharge from a facility, and six months after discharge.

How are juveniles with substance abuse problems identified within and outside of the juvenile justice system?

Based on testimony from professionals, youth, and family members, there are several gaps in the ways in which substance abuse problems are identified within and outside of the juvenile justice system.

- The assessment of substance abuse problems among juveniles is not systematic or consistent. The likelihood that a substance abuse problem will be identified is dependent on where in the system a juvenile is placed.
- The juvenile justice system is not conducive to early identification and treatment of alcohol and drug abuse. Even when in contact with the juvenile justice system, juvenile offenders do not receive assessment and treatment services until they are charged with a felony offense in many instances.
- Chemical dependency assessments need to be conducted earlier on in the lives of young people, when substance abuse problems are first developing.
- Given current caseloads, it is not realistic to expect probation officers to be solely responsible for identifying substance abuse problems and securing treatment.
- There is an artificial split between mental health and chemical dependency funding that is problematic for implementing integrated assessment services. Assessments are either for mental health or chemical dependency. Insurance usually does not pay for mental health services and chemical dependency treatment at the same time. This results in less effective assessment (and treatment) of problems.
- Substance abuse problems for some youth may fall below critical assessment thresholds. These youth, however, may still have significant problems that would benefit from early intervention. In the current system, these young people are often not receiving services.
- There is a lack of awareness and an ineffective response by schools to chemical dependency problems. Often times, students with chemical dependency problems “fall between the cracks” or are expelled from school.
- Chemical dependency issues of youth are often not dealt with when they are in foster home placements.
- There is a lack of family awareness of chemical dependency problems. For many juveniles, the family represents one of the most influential areas in their lives. Therefore, family members are in the best position to identify the first signs of chemical use such as changes in friends, peer group, and personality. There is a need to educate families to increase awareness of problems and provide advocacy services so that families know how to secure assessment and treatment services.

Are juveniles, once they have been identified as having an alcohol or substance abuse problem able to access treatment resources?

Testimony from professionals, youth, and family members identified several gaps in accessing treatment services for juveniles with substance abuse problems.

- Treatment in institutional settings is often provided at the back end – after juveniles complete their stays in out-of-home placements.
- Treatment services are vertical in nature – that is they are available within but not across agencies or systems. There is a need for increased coordination of assessment and treatment services across agencies.
- Thresholds for when a youth goes into formal treatment is relatively high. If thresholds are not met, there is often not much in the way of available services. There is a need for substance abuse programs for youth who are at-risk of developing serious chemical dependency problems.
- There are issues with accessing proper level of treatment – in particular inpatient treatment.
- There is a lack of aftercare programming and follow-up that is necessary to transition youth back into the community. This type of programming is critical as work, education, and family are important contributors to continued treatment success.
- There are disparities in access to treatment based on insurance status. Access to health care coverage is a large determinant in whether or not adolescents receive treatment. Those without coverage often get help too late or not at all.
- Rule 25 covers chemical dependency treatment but not mental health services. The result is less effective chemical dependency treatment.
- Cultural barriers may prevent successful completion of chemical dependency treatment.
- Family involvement in treatment is important but sometimes not available or sought.
- The appropriateness of releasing youth back to families where the use of chemicals is present must be examined.

Is recidivism lower for juvenile offenders who receive chemical dependency treatment compared to the recidivism of juveniles not receiving chemical dependency treatment?

Findings from the 1997 Wilder Study substantiate significant substance abuse problems among adjudicated delinquents placed in juvenile correctional facilities, residential settings, and group homes.⁵⁴

- Almost nine out of ten of the youth had suspected or substantiated *use of alcohol* at some time prior to their present placement.
- About one-fourth of the youth had suspected or *substantiated severe problems with alcohol* at some time prior to placement.
- About eight out of ten of the youth had suspected or substantiated *use of drugs* at some time prior to their present placement.
- About one-third had a suspected or substantiated *severe drug problem* at some point prior to placement.
- Thirteen percent of the youth had placing offenses involving possession of drugs or weapons.

Findings also reveal that a significant proportion of youth in this study report continued to have problems with alcohol and other drugs at six months after discharge.

- Twenty-eight percent of youth mentioned having problems with drug and/or alcohol use since leaving the facility.
- Thirty-one percent had positive tests from drugs and/or alcohol during the six months following discharge.

The provision of chemical dependency services varied among the 22 facilities.

- Eleven facilities provide chemical dependency screening.
- Sixteen facilities said they either provide or refer out for complete chemical dependency assessment.
- At two facilities, chemical dependency assessment was provided to all youth, while the other 14 facilities only complete chemical dependency assessment as needed.
- Thirty-three percent of facilities offer treatment on site.
- Eleven percent offer Alcoholics Anonymous programming.
- Twenty-eight percent of facilities refer out for treatment.
- Five percent of youth in the study received substance abuse counseling, and 32 percent received AA or NA.

The Wilder study examined whether or not characteristics of the youth, their environment, or their residential placement relate to “success” after leaving the facility. Several findings are relevant to examining this research question.

- A youth’s drug or alcohol use during six months after discharge is one of the characteristics associated with success of the youth. Those who used substances in the six months following discharge were more likely to re-offend while non-users were more likely to attend school and be living in the community.

While use of substances was a significant predictor of recidivism, the relationship between chemical dependency treatment and recidivism is unclear. Previous outpatient chemical dependency treatment (prior to placement) was identified as one of fifteen characteristics of juveniles that can predict success at six months. The relationship, however, was one in which youth with previous chemical dependency treatment (prior to residential placement) were less likely to be in the community six months after discharge. Chemical dependency treatment while in the facility was not associated with recidivism.

The results of this study identify a clear relationship between use of alcohol and other drugs and success following out-of-home placement. Further study is warranted to examine the relationship between treatment and outcome success. The design of the current study was limited in answering this question. Controlled studies, in which youth are assigned to different types of services and the exact nature of these services (program strategies, intensity, etc.) are known, are needed to identify effectiveness of chemical dependency programming for juvenile offenders.

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