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TREATMENT OF DRUG/ALCOHOL ABUSE AMONG JUVENILE OFFENDERS:

A Review of the Literature

July 1985

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Program Services Unit
Division of Juvenile Rehabilitation

TREATMENT OF DRUG/ALCOHOL ABUSE AMONG JUVENILE OFFENDERS:
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PREFACE

This paper presents both a synthesis and annotated review of recent literature on the assessment and treatment of drug and alcohol abusers in criminal justice systems. The reader should note the limited application of drug/alcohol services to juvenile justice systems. An introduction outlines the efforts of the Division of Juvenile Rehabilitation (DJR) and a conclusion draws implications for ongoing improvement of the Division of Juvenile Rehabilitation programming.

This review is the third in a series to be produced by the Division of Juvenile Rehabilitation, Program Services Unit. All reviews issued will be periodically updated and reissued, with the intent of providing a useful resource to those involved in the treatment of juvenile offenders.

We would like to acknowledge the effort of Denise Lishner in developing this review. We would also like to thank Dave Brenna, DJR's drug/alcohol coordinator, for his preparation of the Introduction and Treatment Implications sections.

Other reviews:

The Sex Offender: A Review of the Literature (October, 1984)

Social Skills Training for Juvenile Offenders: A Review of the Literature (February, 1985)

Introduction

In 1984, the Division of Juvenile Rehabilitation (DJR) completed a study of substance abuse problems with DJR clientele and the Division's current level of response through programming. The findings of that report set the tone and direction for what has happened since then. The problems among DJR clientele are extensive, and programming response was almost non-existent.

This literature review will provide more information to the reader when taken in the context of what is currently being done within the Division of Juvenile Rehabilitation.

Diagnostic - All clientele committed to DJR are tested with the Client Substance Index (CSI). All diagnostic centers have trained assessment people in place. The testing results are on computer and available to all staff in the Division. Interpretation is done by counseling staff in preparation of treatment strategies.

Education - The "Here's Looking at You, Two," an educational package addressing the drug/alcohol problem amongst youth, is offered for course credit in a number of settings throughout the system. All clients of DJR are exposed to this format at entry, and again as a refresher course at transfer, parole or discharge.

Intervention - In residential programs; institutions, youth camps and group homes, policies exist which support drug-free attitudes, values and environments. These intervention systems raise consciousness and provide consequences and confrontation for youth submerged in the drug subculture. The interventions approach enables process towards treatment for youths still denying their substance abuse problems.

Treatment - Small group therapy is considered the ideal modality for treatment of abusing and chemically dependent clients.

Aftercare - A significant part of the system-wide continuum of care is the networking of aftercare/support services typically provided by Alcoholics Anonymous (AA) and Narcotic Anonymous (NA) groups.

Adolescent meetings are more common in larger communities. Accessing these meetings for our clients is a parole services responsibility. Groups have successfully been brought to the institution and group homes.

Community programs can utilize sponsorship with individual members of AA/NA in one-to-one relations with our clients. Other volunteer organizations can support and assist in aftercare service delivery. Our planning takes into account the importance of having aftercare support available for all chemically dependent clients in remission.

Inpatient Treatment - The Exodus program is located at Echo Glen Children's Center and provides intensive hospitalization treatment to DJR clientele.

Program design follows state-of-the-art treatment modalities for 60-day, intensive treatment. Referrals are screened by the Oversight Committee, made up of individuals in private and public drug/alcohol service agencies and key DJR staff. The program is currently seeking provisional certification from the Bureau of Alcohol and Substance Abuse.

Capacity is 16 beds, optionally serving 96 clients a year. Only severely dependent clients, motivated to address their substance abuse issues are accepted for treatment. All DJR facilities have access to the Exodus program referral process.

Coordination - All DJR agency locales have an appointed Drug/Alcohol Coordinator. They are expected to perform coordination, treatment, resource development and training responsibilities in their local agency.

SYNTHESIS OF LITERATURE REVIEW TREATMENT OF DRUG/ALCOHOL ABUSE AMONG JUVENILE OFFENDERS

The linkage between drug abuse and delinquency has emerged as an important focus for research, policy and treatment (Leukefeld and Clayton, 1979). Numerous studies have indicated a relationship between the use of certain drugs and certain types of crime among young adults (Clayton, 1981; Elliott and Ageton, 1976; Jessor, 1976; Leukefeld and Clayton, 1979; Simonds and Kashani, 1979). There continues to be a debate over whether drugs and alcohol are contributing factors, correlates, determinants or causal agents in crime. There is no conclusive evidence that drugs cause crime, that crime causes drugs, or that some underlying third factor causes both (Fagan and Hartstone, 1984). Some authors have proposed that drug abuse leads to criminality, while others suggest that individuals with criminal tendencies are inclined to become drug abusers (Santo et.al., 1980). While some researchers have found that criminal histories generally precede drug use, others have found the reverse temporal sequence (Inciardi, 1981). Few, however, question the link between alcohol/drug abuse and crime.

Drug and Alcohol Use Among Juvenile Offenders

There is evidence to indicate that individuals with high rates of crime and delinquency also have high rates of drug and alcohol use (Beachy, Petersen and Pearson, 1979; Hartstone and Hansen, 1984; U.S. Department of Justice, 1983). Studies indicate a high prevalence of alcohol and drug dependence among offenders at the time of criminal incident (Miller, 1984). A survey of 12,000 state prison inmates indicated that one third were under the influence of an illegal drug when they committed the crime for which they were incarcerated and half had taken drugs during the month prior to that crime (U.S. Department of Justice, 1984). Drug use has been found to be a critical factor in homicide (Wolfgang and Strohm, 1956; McBride, 1961), robbery (Greenwood, 1982; Chaiken and Chaiken, 1982) and school violence (Gold and Moles, 1979). More than a quarter of all homicides are related to drug trafficking, and most robberies are committed by a small but highly criminal and drug abusing group (see Gropper, 1984). While some suggest that crime is motivated by the high cost of drugs, especially for heroin, others argue that involvement in delinquent behavior generally precedes drug use (Huizinga and Ageton, 1981; Inciardi, 1981; Johnson, 1973).

There have been few systematic studies of substance abuse among juveniles in correctional programs (Fagan and Hartstone, 1984). Researchers have reported higher substance use among youths in juvenile offender residential programs than among normal samples of youth (Braukmann et.al., n.d.). In a study of juvenile offenders adjudicated for violent crimes, half reported that alcohol or drugs contributed to their violent behaviors and 40 percent reported using drugs immediately prior to the offense (Hartstone and Hansen, 1984).

Criminality Among Alcohol and Drug Users

Illicit drug users are more likely to have engaged in delinquent acts than non-users (Kandel, 1978). Researchers have documented a high percentage of adolescents admitted to drug treatment programs who report extensive involvement in criminal offenses (Inciardi, 1981; Leukefeld and Clayton, 1979; Santo et.al., 1980). Drug users are more likely to report involvement in property offenses (Leukefeld and Clayton, 1979) and crimes against persons (Kozel et.al., 1972) than non-users. In fact, robberies and assaults are proving to be rare among criminally active youths who are not involved in illicit drug use (Gropper, 1984).

The extent of drug use is a strong predictor of various types of crime (Simonds and Kashani, 1979). An increasing involvement in drug use is associated with increasing involvement in crime (Huizinga and Ageton, 1981). Abstainers have a lower level of delinquency than drug using groups (Beachy, Petersen and Pearson, 1979). Heavy alcohol users are considerably more likely to be involved in delinquent activities than abstainers or light drinkers (Guze and Cantwell, n.d.). The intensity of criminal behavior, particularly for property crime, is directly related to drug use status (Ball, Shaffer and Nurco, 1983). Those who use heroin are four times more involved in delinquent behavior than those who regularly use only marijuana (Leukefeld and Clayton, 1979). Numerous studies report high crime rates during active drug abuse periods and decreased crime in periods of less drug use (see Gropper, 1984).

Some researchers suggest that adolescent delinquency and drug use share common etiological roots (Huizinga and Elliott, 1984), and that they are manifestations of a general deviance syndrome (Elliott and Ageton, 1976; Johnston et.al., 1978). If common factors contribute to both delinquency and alcohol and drug dependency, strategies which simultaneously address both problems are warranted. Treatment or rehabilitation approaches for substance abusing juvenile offenders which fail to consider both conditions may be inadequate.

Fagan and Hartstone (1984) indicate that the challenge to rehabilitation is perhaps most dramatic for delinquent youths with special problems such as substance abuse. They contend that if such problems cause or contribute to crime, one can expect appropriate rehabilitation dispositions to reduce recidivism. Since adjudicated juvenile offenders use a variety of substances, special drug treatment services for this population may be justified (Fagan and Hartstone, 1984).

While the impact of law enforcement on the control of crime among drug users has been minimal (Inciardi, 1981), attempts are being made to control crime through the prevention and control of drug abuse (Gandossy et.al., 1980). Since an increase in the level of use of drugs predicts an increase in criminal activity rates, success in the prevention or treatment of adolescent drug abuse should have a beneficial effect in reducing the amount of criminal involvement by adolescents (Santo et.al., 1980).

In a study of male heroin addicts (Ball, Shaffer and Nurco, 1983), crime rates over a nine year period dropped while offenders had little or no narcotic use and was four to six times higher while addicted. Gropper (1984) advocates treatment and education programs targeted toward reducing drug usage by the most frequent and intensive users to reduce drug-related criminality.

Treating Substance Abusing Juvenile Offenders

Unfortunately, the strong positive correlation between drug/alcohol abuse and delinquency has not been translated into the development of treatment interventions for this population (Fagan and Hartstone, 1984). Despite the prevalence of substance abuse among juvenile offenders, "There is little information available to indicate how these youngsters differ from others in the juvenile justice system, how their substance abuse problems are treated, or how effective facilities are in treating these youngsters" (Beschner and Friedman, 1979: 16). These same authors report that only 11 percent of clients receiving drug treatment services in 1979 were under the age of 18. There are few youth-specific drug and alcohol treatment programs for juvenile offenders--or adolescents generally--and treatment modalities are rarely designed to address the needs of youths (Beschner and Friedman, 1979; Fagan and Hartstone, 1984). Few studies have attempted to identify the differences between adolescent drug abusers and their adult counterparts (Polich et.al., 1984). Placing juvenile drug abusers in treatment programs designed for adults fails to meet their particular needs. Furthermore, the presence of older drug abusers in such programs may provide an undesirable influence for younger participants (Smith, Levy and Striar, 1979).

In most states, committed youths are placed in secure facilities, and treatment services are confined to what is available in the institution, with security and control generally prioritized over treatment (Fagan and Hartstone, 1984). The California Youth Authority maintains substance abuse programs at two of its 18 facilities and these programs have not been evaluated (Fagan and Hartstone, 1984). Only a small percentage of youths get into federally supported treatment programs compared with adults, and more youths are admitted to outpatient settings (Smith, Levy and Striar, 1979). Most of these programs provide custodial rather than clinical care, are not individualized, and fail to address multiple factors and problems.

A survey of treatment alternatives for juvenile alcohol and drug abusers in six states reported few early intervention programs, a dearth of alcohol treatment programs for juveniles (despite a 53 percent increase in reported juvenile arrest rates for alcohol arrests from 1970 to 1980), an absence of alcohol and drug education in involuntary custodial care, and general, non-specific counseling for a broad range of juvenile substance abusers (Kelly and MacNeur, 1982). A study of drug abuse treatment in state prisons (National Institute of Drug Abuse, 1981) revealed that only four percent of the inmates received treatment for drug dependency although 61 percent had a history of drug abuse.

A number of counseling and treatment alternatives exist for teenage alcohol and drug abusers. Preferred treatments depend on the theoretical orientation of the treatment provider (Polich et.al., 1984). Four generally recognized modalities of treatment are detoxification, methadone maintenance, therapeutic communities and drug-free treatment (Polich et.al., 1984). Although detoxification followed by aftercare was once the dominant modality, its efficacy has been questioned over time (see Polich et.al., 1984). Methadone maintenance is a widely accepted treatment modality for opiate addiction but is not appropriate for other drugs. Therapeutic communities resocialize the drug abuser by creating a structured, mutual help environment. Drug-free programs include crisis intervention centers, therapy and counseling. Most programs provide a mix of services, including counseling, medical and social assistance, job placement, education and referral. Most adolescent clients are admitted to drug free outpatient programs, with only 12 percent entering residential programs (Beschner and Friedman, 1979).

Drug programs for inmates and institutionalized offenders vary in size and scope. Prominent services include drug education, vocational counseling and training, and family therapy (National Institute on Drug Abuse, 1981). A national survey of drug abuse treatment programs in prisons in 50 states and the District of Columbia indicated that almost half of the nation's state prisoners were not served by an identifiable drug abuse treatment program, although most states provided some form of treatment to drug dependent inmates (National Institute on Drug Abuse, 1981). Resources within and outside of prisons include health agencies, drug education courses taught by older inmates or volunteers, linkages with Alcoholics Anonymous, and individualized cassette programs (Miller, 1984).

There is little consensus on the state-of-the-art of drug abuse treatment (Braukmann et.al., n.d.). Few systematic attempts have been made to evaluate which program conditions are most effective in treating adolescent drug abuse clients (Beschner and Friedman, 1979), and there has been little research on the effects of residential delinquency treatment programs on drug and alcohol related behaviors (Braukmann et.al., n.d.).

A national follow-up study of 44,000 clients in 52 drug abuse treatment programs involved in the Drug Abuse Reporting Program (see Polich et.al., 1984) demonstrated that favorableness of outcome was related to degree of the drug problem and time spent in treatment. Post treatment follow-up results were best for those in outpatient, drug-free environments (see Beschner and Friedman, 1979). The Treatment Outcome Perspective Study (see Beschner and Friedman, 1979), showed decreases in heavy alcohol use and crime, but increases in marijuana use among those treated in outpatient facilities.

Lynne and Nash (1976) (see Fagan and Hartstone, 1984) reviewed seven prison-based drug abuse treatment programs and concluded that addicts make only limited gains, and only while in the program. The programs ranged from therapeutic communities to inmate-run counseling and residential drug-free treatment centers. Post treatment recidivism rates were high, primarily due to absence of aftercare for released addicts.

In a ten-year follow-up sample of 863 treated addicts, McGlothlin (1976) found that those who continued in the program longer fared better. Neithercutt (1978) reviewed several juvenile offender programs using a therapeutic community approach and concluded that milieu therapy reduced delinquency, but Romig (1978) claims that the effectiveness of such programs disappears upon return to the community.

Data are mixed on programs employing behavioral contracts and reinforcements (Coates et.al., 1978; Murray and Cox, 1981; Neithercutt, 1978) (see Fagan and Hartstone, 1984). Recidivism was reduced in two programs using behavioral techniques (Phillips et.al, 1973; Orlando and Kosof, 1976), but methodological problems were noted for the evaluations (Neithercutt, 1978). Fagan and Hartstone (1984) question whether behavioral approaches can be generalized for youths once they are back in a natural setting. They advocate provision of skills which are needed to function in the real world, social contracting, case management, comprehensive staff training, phased treatment with aftercare, crisis intervention and a thorough diagnostic process.

A study examining the effects of 17 community based group home delinquency treatment programs on self-reported substance use indicated better outcomes for youths exposed to the Teaching Family approach (Braukmann et.al., n.d.). Teaching parents were trained in application of specific skills training, self-government, motivation, relationship development and advocacy. Treatment effects were not maintained once treatment had terminated. The evaluators note that non-treatment influences account for significant variance in substance use of group home youths. They suggest that treatment should include family therapy with the youth's natural family, teaching functional and refusal skills, encouraging youths to make new non-drug using friends, and obtaining access to systems of reinforcement that discourage irresponsible drug/alcohol use.

Research on rehabilitative interventions has been characterized by weak research designs, problems with outcome measures, lack of random control groups and related problems (Fagan and Hartstone, 1984). Many of the evaluation studies which have been conducted to determine effects of drug treatment programs on recidivism suffer from methodological problems which limit interpretation of the findings.

Treating adolescent offenders with alcohol/drug dependencies raises several special problems. The criminal justice system refers 22.4 percent of all youth clients into residential drug treatment, which raises the issue of whether apprehended addicts should be able to choose treatment in lieu of prosecution (Smith, Levy and Striar, 1979). Another issue concerns motivation for adolescents coerced into treatment by the criminal justice system (Citron, 1978; Schneider, 1984; Smith, Levy and Striar, 1979). Citron (1978) cautions that peer group reinforcement, "pleasure mileage" from drug use, and degree of progression reduce motivation for treatment. She recommends use of individual counseling, parent involvement and self-help AA groups to facilitate recovery and growth. Finally, there has been little research regarding the effectiveness of juvenile justice system intervention on alcohol or drug use

among juveniles and less attention to the juvenile court's response (Schneider, 1984). A post-reform system characterized by a "just deserts" philosophy emphasizes accountability for crime rather than treatment, and changes occurring in juvenile justice policy are likely to reflect changes in case processing decisions regarding drug and alcohol use (Schneider, 1984).

LITERATURE REVIEW: TREATMENT OF DRUG/ALCOHOL ABUSING JUVENILE OFFENDERS

I. Research Linking Substance Use/Abuse and Delinquency.

A. Probing the Links Between Drugs and Crime.

Bernard A. Gropper, National Institute Journal, November 1984, pp. 4-8.

The belief that drugs and crime are linked is fundamental to National Institute of Justice (NIJ) efforts to control crime through the prevention and control of drug abuse (Gandossy, et. al., 1980). The article briefly summarizes findings from recent research examining the nature and extent of drug - crime links at the individual level.

Different levels of abuse of drugs such as heroin are directly related to criminality at the individual level, and individuals who abuse such drugs tend, at differing degrees of severity, to have corresponding patterns of severity in criminal behavior. Even among high risk individuals with established patterns of drug abuse and criminality an increase or reduction in level of drug abuse will be associated with a corresponding increase or reduction in criminality. Street level heroin abusers tend to engage in a variety of criminal acts to support their drug habits and personal survival needs.

Recently completed NIJ studies of career criminals by researchers at the Rand Corporation (Chaiken and Chaiken, 1982) found that a majority of the most serious offenders among inmates and jails of three states had histories of heroin use, frequently in combination with alcohol and other drugs. Such a history of drug abuse proved to be one of the best predictors of serious career criminality.

Recent studies have shown that heroin using offenders are just as likely as non drug using counterparts to commit violent crimes and even more likely to commit robbery and weapons offenses. Reports from several cities indicate that a quarter or more of homicides are related to drug trafficking (Goldstein, 1982, McBride, 1983). Seventy five percent of all robberies and 50 percent of felony assaults reported by a national sample of youth were due to a small but highly criminal group, and this sub-sample (less than three percent of all youths) had committed three or more index offenses and were pill or cocaine/heroin users (Johnson, Wish and Huizinga, 1983). In fact, robberies or assaults are proving to be rare among criminally active youths who are not also involved in illicit drug use.

These data cannot show whether drug abuse is the primary or only cause of these behaviors, but do demonstrate that it is a characteristic of serious and violent offenders.

Reducing the level of drug usage can reduce the level of criminal activity, even among hard-core drug users. A team of researchers in Baltimore (Ball, Shaffer and Nurco, 1983) analyzed background factors and crime patterns for 354 male heroin addicts. Intensity of criminal behavior, especially property crime was directly related to current drug use status. Their crime rates over a nine-year period dropped when they had little or no narcotic use, and was four to six times higher while addicted.

A research team at UCLA (McGlothlin, et. al., 1978; Anglin and Speckart, 1984) also noted increases in criminality of heroin addicts over the year prior to their first addiction. Arrest rates increased 40 - 100 percent, especially for burglary and theft. Numerous other studies report high crime levels during active drug abuse periods (Inciardi, 1979; Johnson et. al., 1985) and lower crime rates when not addicted to heroin.

Johnson et. al., (1985) found that criminality is very common among street heroin users and clearly related to their levels and patterns of drug usage. Daily heroin users reported the highest crime rates and committed more violent crimes. Almost all used a variety of other drugs in addition to heroin.

Treatment and education programs targeted toward reducing drug usage by the most frequent and intensive users could gain more significant reductions in drug-related criminality than undirected efforts or those aimed at lesser users.

B. DSHS Office of Research, A Study of Drug/Alcohol Use Among Residents of Washington Correctional Facilities, July 1977.

In a study of 371 residents at four adult corrections facilities, past and current involvement in drug/alcohol treatment is a significant variable. More heavy users of both alcohol and drugs were enrolled in treatment programs than expected. Heavy users, in significant numbers, availed themselves of treatment in the past; however, that treatment was not entirely effective. "This indicates a form of 'treatment recidivism' wherein individuals seem to be recycled through a series of treatment programs." (p. 51). Only 25 percent of daily alcohol users and 25 percent of daily drug users in the past year were currently involved in treatment.

Heavy alcohol abusers were found to be repeaters insofar as previous time in prison was concerned and tended to be convicted of alcohol related crimes and felonies, and were often under the influence during last convicted crime.

Over 50 percent of the sample indicated they were high on drugs within two days of their last crime. Treatment recidivism was also evident for drugs.

- C. Adolescent Drug Use and Delinquency: A Research Note, Beachy, G. M.; Petersen, D. M.; Pearson, F. S., Journal of Psychoactive Drugs, 11 (4), 1979, 313 - 316.

Adolescent drug use and delinquency are often placed under the broad category "social deviance" (Merton and Nisbet, 1971). Empirical research on the relationship between self-reported adolescent drug use and self-reported delinquency has been limited. There is some evidence to indicate that those individuals with high rates of delinquency also have high rates of tobacco, alcohol and marijuana use (Johnson, 1973). Goode (1970) found that heavy marijuana smokers do not commit crimes any more frequently than infrequent users. Heavy alcohol drinkers are considerably more likely to be involved in delinquent activities than abstainers or light drinkers (Wechler and Thum, 1973). If an adolescent is deeply involved in drug use, the probability is that she/he will also have a relatively high involvement in delinquency and vice versa (Cockett, 1971).

The literature suggests that there may be a relationship between drug use and delinquency depending upon which drugs were examined, how delinquency was defined, and what techniques were used to elicit information. Abstainers have a lower level of delinquency than drug using groups. This study tests the hypothesis that abstainers have a lower level of delinquency as opposed to alcohol and marijuana users. 568 students ages 9 - 12 were interviewed (white, prosperous sample). Delinquency scores of marijuana and alcohol users and abstainers were computed.

There were significant differences in the delinquency coefficients among drug users and non-drug using subgroups. The overall delinquency score for abstainers was significantly lower than for alcohol or marijuana users. The data support the idea that there is a rough rank ordering of adolescent groups from least delinquent (abstainers) to most delinquent (marijuana users). Authors question whether the results are generalizable, and suggest that further study is needed.

- D. Drug Abuse and Criminal Behavior in Delinquent Boys Committed to a Training School, John Simonds and Javad Kashani, American Journal of Psychiatry 136: 11, November 1979, 1444 - 1448.

This study investigated the relationship between drug abuse and documented criminal behavior in juvenile delinquents. The authors interviewed 109 delinquent boys (ages 12 - 18) committed to a training school to determine drug use or abuse status using standardized diagnostic (DSM - III) criteria. Each boy was categorized as an offender against a person or against property. Person offenders were found to be significantly older, came from larger communities, abused a greater number of drugs, had higher asocial index scores, and lower

full-scale IQ scores than property-only offenders. The IQ score and number of drugs abused were the most important variables predicting whether a subject belonged to the person offender or property-only offender group.

Studies have indicated there is a relationship between the use of certain drugs and criminal behavior in young adults (Ellinwood, 1971; Kozel et.al., 1972; Solursh, 1975; Tinklenberg et.al., 1974). Alcohol and barbiturate use was associated more with older adolescents and young adult offenders who committed violent crimes (Tinklenberg and Woodrow, 1973), while cocaine has been linked to property crimes. Kozel et.al., (1972) found that addicts were more likely to commit crimes against persons than non addicts.

- E. Drug Abuse and Delinquency: A Study of Youths in Treatment, Carl G. Leukefeld and Richard R. Clayton, in Youth Drug Abuse, George M. Beschner and Alfred S. Friedman, Lexington, MA: D. C. Heath & Co., 1979.

Recently, the linkage and interaction between drug abuse and delinquency has emerged as an important focus for research and policy. The National Youth Polydrug Study (NYPS) was designed to provide information on the correlates of drug use/abuse among users in treatment (purposive sample). Respondents are 2,750 adolescents drawn from a sample of 97 youth drug abuse treatment programs. All were drug users, and 72 percent reported being picked up by the police. These were not serious offenders or street people.

Those who used drugs were more likely to report involvement in private property offenses than those who have not used drugs. The data confirm a strong association between drug use and criminal activity. Those involved in heroin were more likely than those who never use heroin to report frequent participation in drug sales, public and private property offenses (crimes associated with drug use and abuse). It is suggested that there is an association between type of drug use and these three types of delinquent behaviors, but causality between drug use and delinquency is not proven. A marijuana/heroin index indicated that heroin use is associated more with delinquent behavior than marijuana use per se. When controlling for age, the group who use heroin are, on the average, four times more involved in delinquent behavior when compared with those who regularly use only marijuana. The relationship between delinquency and harder drug use appears to be confirmed in these data.

An important aspect of these findings has to do with the linkage between the criminal justice and drug treatment systems. Thirty-two percent of the subjects were referred to treatment by at least

one criminal justice source. Over half of the criminal justice referrals were from probation and parole officers. Comparison of drug use by source of referral--criminal justice system versus voluntary--indicates that a greater percentage of youths referred by criminal justice system officials use drugs. Criminal justice referrals in the sample are more involved with drugs than those who entered treatment voluntarily.

- F. Criminal Behavior of Adolescent Non-Heroin Polydrug Abusers in Drug Treatment Programs. Yoar Santo, H. Elston Hooper, Alfred S. Friedman, and William Conner, Contemporary Drug Problems (New York), 9 (3): 301 - 325, 1980.

The article compares characteristics of three groups of adolescents entering drug treatment: those who report having been involved in criminal offenses other than illicit drug use, those who report only offenses involving drugs, and those who report no involvement in the criminal offenses under study. Data are based on a sample of 2,312 polydrug abusing adolescent clients excluding users of heroin and illegal methadone.

Some authors have proposed that drug abuse leads to criminality, while others have proposed that individuals with criminal tendencies are inclined to become drug abusers. Population in this study roughly represents the national population of adolescents in drug treatment programs. Leukefeld and Clayton (1979) documented the high percentage of adolescents admitted to treatment programs who report involvement in criminal offenses. Data from this study indicate that adolescent drug abusers who enter treatment facilities are extensively involved in criminal offenses. Among users of high risk drugs there was an almost equal number of clients reporting non arrest and arrest. For the low risk drug users, the ratio of non arrest to arrest is almost two to one. There is a relationship between the type of drug used and arrests. The relationship between the number of drugs used and the number of arrests is positive and statistically significant. Using self reported offenses it was found that 75 percent of the clients reported substance offenses, 44 percent reported property offenses and 31 percent reported victim offenses. Clients reporting offenses have an earlier mean age of first use of an illicit substance than those reporting no involvement. It is suggested that first use of an illegal substance at an early age (under 12) may have some value in predicting later criminal behavior.

The authors conclude that an increase in the level of use of drugs--particularly of high risk drugs--will predict an increase in criminal activity rates, and that success in the prevention or adequate treatment of adolescent drug abuse should have a beneficial effect in reducing the amount of criminal involvement by persons in this age range.

- G. Alcoholism and Criminality - Confounding and Differentiating Factors, Joan McCord, *Journal of Studies on Alcohol*, 42 (9) 1981, 739 - 748.

Many studies show that alcoholics tend to have histories of conviction for crime and that criminals having histories of alcohol misuse tend to be recidivists. Guze, et.al., (1968) concluded that alcoholism is the single most important problem associated with criminal behavior. Similar personality traits and family backgrounds characterize alcoholics and criminals (e.g., low self esteem, conflict over dependency). The research described in the present study used a longitudinal design to identify differences in the backgrounds of alcoholics who were not criminals, criminals who were not alcoholics, and criminals who were alcoholics.

Life histories of men who had participated in the Cambridge-Somerville Youth Study were examined (n=253). Data were collected on the 248 men who were located, and earlier data were reviewed (teacher reports, counselor records, family data, parent alcoholism). Criminals who were alcoholics appear to have been more troublesome as children than alcoholics who were not criminals and criminals who were not alcoholics, (e.g., resented authority, aggressive, parent rejection, father alcoholic or criminal). Paternal deviance appears related to both alcoholism and criminality in sons, and paternal deviance with aggressiveness is associated with criminal behavior in sons. Alcoholism that accompanies serious antisocial behavior and alcoholism that is unaccompanied by antisocial components have different etiologies.

- H. Marijuana Use and Delinquency; A Reexamination, William E. Thornton, *Youth and Society*, 13 (1), September 1981, 23 - 37.

Research generally substantiates findings of the National Commission on Marijuana and Drug Use (1973) that, where marijuana users committed crimes more frequently than nonusers, the criminal acts should be attributed not to marijuana use per se but to other social and psychological factors. However, there is some contradictory evidence. O'Donnel, et.al., (1971) found an association between marijuana use and crime in a sample of 2,500 young males. Similar findings were reported by the National Youth Polydrug Study (1976), though marijuana users reported lower numbers of private property offenses compared to users of other types of drugs. Johnston, et. al., (1976) found little evidence of a relationship between marijuana use and increased delinquency, though marijuana users were more likely to engage in property crimes. Recent self-report research suggests that marijuana is used by a large number of youths.

This paper explores the relationship of self-reported marijuana use to other types of self-reported delinquency. Sociological variables may help explain the relationship between delinquency and marijuana use. The survey was administered to students in grades 8-12 in four schools (n=617). Items included marijuana use, self-reported delinquency, social support, parental social control and educational achievement.

Zero-order correlations demonstrate that marijuana use is moderately related to social and aggressive delinquency, and strongly related to property delinquency. However, when several key variables are examined simultaneously with marijuana use, there is no significant relationship between marijuana use and selected social and aggressive delinquencies. For social delinquency, both parental social control and educational achievement are significantly related to status offenses. Marijuana use does not appear to be related to aggressive delinquent behavior, but age, sex and educational achievement are related to commission of aggressive delinquent acts. When all predictor variables are controlled, marijuana use does significantly relate to property offenses, though a small amount of variance is explained. The results indicating a positive relationship between property delinquency and marijuana use are congruent with findings of other studies (Johnston, et.al., 1978; Leukefeld and Clayton, 1979). The rejection of conventional values that may lead to marijuana use may also lead to property delinquency. Factors relating to both drug use and property delinquency may be all manifestations of a single construct (Johnston, et.al., 1978).

- I. The Impact of Drug Use on Street Crime, James A. Inciardi, paper presented at the American Society of Criminology, Washington, D.C., November 1981.

Is crime the result of, or perhaps some response to, a special set of life circumstances brought about by addiction to narcotic drugs? Is addiction some deviant tendency characteristic of individuals already prone to defense behavior? Some researchers have found that criminal histories generally preceded drug use, while others found the reverse temporal sequence.

The present study, funded by National Institute of Drug Abuse (NIDA), focused on the street community, with a series of interviews from 1978-1981, in five cities. Data from Miami are presented here. Of the 1,002 cases, 58 percent were users of narcotic drugs; and of these, the vast majority were active in the street community. Early involvement in criminal activity was characteristic of the great majority. Most had arrest histories, but these typically began two years after the initiation of criminal activity. The mean number of offenses committed per subject was 375 during the 12-month period preceding the interview.

The 429 (current) non-narcotic drug users, like the users of narcotic drugs, were heavily involved in criminal behavior. However, narcotics users engage in more crimes overall; more are robbers, drug sellers, burglars and shoplifters, but fewer are assaulters, forgers and pick pockets.

Since criminal behavior generally precedes heroin use, the high cost of heroin cannot necessarily be construed as the cause of criminal careers among narcotics users. Since non-narcotic drug users engage in criminal activity almost as frequently as narcotics users,

the "enslavement theory of addiction" as an explanation of criminal behavior is of little value. It is likely that narcotics users engage in more criminal activity than any other population of offenders and that violent crime among narcotics users is perhaps 24 times higher than that of the national population of offenders. The impact of law enforcement on the control of crime among drug users is almost non-existent.

- J. From ADAPT Grant Literature Review; J. David Hawkins and Richard C. Catalano; Center For Social Welfare Research, University of Washington.

Drug misuse is particularly likely among those youths who have engaged in delinquent acts with sufficient regularity and sufficient gravity to have been institutionalized. A number of studies have shown a relationship between delinquent behavior and drug use (Clayton, 1981; Elliott and Ageton, 1976; O'Donnel, et.al., 1976; Jessor, 1976; Hindelang and Weis, 1972; Santo, et.al, 1981). Increasing involvement in drug use is associated with increasing involvement in crime (Huizinga and Ageton, 1981). For many youths, involvement in delinquent behavior precedes drug use (Huizinga and Ageton, 1981).

Research has shown that adolescent delinquency and drug use share common etiological roots (Huizinga and Elliott, 1981). Institutionalization with other delinquents is likely to increase exposure to peers who have used drugs and who are favorable to drug use. A 1981 survey of 40 residents in one Washington State juvenile institution, Echo Glen, revealed that 70 percent of the respondents drank alcohol more than twice a week prior to institutionalization, that 45 percent got drunk everytime they drank, and that 65 percent obtained their liquor from friends. Eighty-two percent used marijuana more than twice per week.

Only 12.7 percent of clients receiving drug treatment services in 1979 were under the age of 18 (Beschner and Freidman 1979). Current drug modalities are not designed to address the needs of adolescents. Early intervention and treatment efforts are advocated since adolescents have not yet developed the extensive daily rounds of activity which support addictive drug use (Wesson, et.al, 1975; Carlin and Strauss, 1977).

Adolescents often engage in both illicit drug use and delinquency; however, it is possible to engage in one without the other. Illicit drug users are much more likely to have engaged in delinquent acts than non users (Kandel, 1978), often prior to their initiation into drug use (Huizinga and Elliott, 1981).

Researchers have linked deficits in social, problem solving and stress coping skills to a number of adolescent behavior problems including alcohol and drug abuse (Beachy, Peterson and Pearson, 1979; Catalano, 1982) and delinquency (Sarason, 1968, Catalano, 1982). Experimental research with delinquent youth has found that

the practice of socially acceptable behaviors reduces anxiety and assists in the development of appropriate skills (Sarason, 1968; Brierton, et.al., 1975). There is evidence to suggest that adolescents will profit from a social, problem-solving and stress-coping skills training program. However, simply providing skills training to adolescents in an institutional setting is not likely to have long term effects on their behavior following community reentry, and supportive network development is essential for adapting to the larger community.

- K. Reasons for Alcohol Use Among Detained and Adjudicated Juveniles, Bernard Segal, Fred Cromer, Stevan S. Hobfoll, and Paul Z. Wasserman, (incomplete cite), pp 53-58.

The reasons for alcohol use were examined in a sample of detained and adjudicated male juveniles at a state residential facility. By means of factor analysis, patterns of self-reported reasons for using alcohol were identified. The findings indicate that alcohol use not only appears to be a multi-dimensional phenomenon, but that it has taken on a special meaning as a mood-altering substance to help cope with stressful feelings and/or problems.

Recent research focusing on substance abuse by delinquent youths has generally attempted to determine the nature of the relationship between drug use and offenses (Ellinwood, 1979; Simonds and Kashani, 1979) or to identify personality correlates of drug using juvenile offenders (Beachy, Peterson and Pearson, 1979; Stayton and Diener, 1979). This study identifies reasons for using alcohol, and compares such reasons to those preferred by college students.

Present findings indicate that different patterns or factors of reasons for using alcohol exist for this group. Alcohol is perceived as something to alter mood and/or free oneself from conflict, and not as a socialization factor.

- L. Personality Characteristics of Juvenile Delinquent Heroin Users, Samuel E. Stayton and Robert G. Diener, Internal Journal of the Addictions, 14 (4), 585 - 587, 1979.

From a population of incarcerated delinquents coming from an urban minority community, 60 subjects with a history of heroin usage did not differ significantly from 60 controls on the Tennessee Self-Concept Scale, the Cuture Fair Intelligence Test, or in reading grade level. The two groups were similar in intactness of family and type of offense. The controls were more deviant than users on the alienation subscale of the Jesness Inventory. Unique traits of adolescent heroin users from a high risk area may not be found if social variables are controlled. While negative findings have been found in other studies (Gendreau and Gendreau, 1973; Platt, 1975), the results are inconsistent with those of Kurtines, et.al., (1975) who found less personal responsibility and more antisocial values in heroin users. The present study found no differences on value orientation, social

maladjustment or asocialization and showed that heroin users had fewer commitments for criminal activity than did non-users.

- M. Alcoholism, Parole Observation and Criminal Recidivism: A study of 116 parolees, Samuel B Guze and Dennis P. Cantwell (no Cite).

The authors conducted a psychiatric and social study of 223 convicted felons to determine the prevalence and types of psychiatric disorders, to note associations between psychiatric illness, family history, parental home experience, delinquency, etc. Alcoholism was shown to be associated with increased family history of alcoholism and suicide, suicide attempts, fighting, job troubles, arrests, etc. Criminal recidivism rates were shown to be associated with the extent of the prior criminal careers, race, age, educational level, a certain category of crime, and alcoholism. Each recidivism measure was higher for alcoholics than for non-alcoholics but only the differences for arrest were statistically significant.

The parole office records of the parolees were then examined. Of the 121 parolees, 48 were diagnosed as alcoholics. Nearly half of all parole record comments concerned reference to heavy drinking. Alcoholics showed significantly higher rates than non-alcoholics for percentage arrested, mean number of arrests and percentage imprisoned; the questionable alcoholics showed significantly higher rates than non-alcoholics for all four measures and questionable alcoholics showed significantly higher rates than alcoholics for percentage imprisoned and mean number of imprisonments.

The results suggest that the diagnosis of alcoholism is associated with increased risk of criminal recidivism, except for increased rates of imprisonment of questionable alcoholics. The high prevalence of alcoholism and excessive drinking among convicted criminals has been noted, but the possible importance of alcoholism as a major factor in criminal recidivism has not received adequate consideration.

- N. U.S. Bureau of Justice Statistics. Prisoners and Alcohol. Washington, D.C.: U.S. Department of Justice, 1983. 4p. Bulletin NCJ-86223.

The 1979 Survey of Inmates of State Correctional Facilities was the first attempt to measure the drinking habits of prisoners across the United States. The survey consisted of personal interviews with a stratified random sample of 12,000 inmates in state prisons. It was conducted for the Bureau of Justice Statistics by the Bureau of the Census.

The survey established a greater degree of involvement with alcohol than had generally been anticipated. Almost a third of the inmates said they had drunk very heavily just before committing the offense for which they were convicted and incarcerated. Twenty percent of

the inmates said they drank very heavily every day of the year before they entered prison. About 16 percent had at some time been enrolled in an alcohol treatment program. Habitual offenders and persons convicted of assault, burglary and rape were more likely to be very heavy drinkers than other prisoners. Whites, American Indians and inmates aged 18 to 25 were especially likely to be heavy drinkers.

- O. Dawkins, Russell L.; Dawkins, Marvin P. "Alcohol use among black, white, and Hispanic adolescent offenders." *Adolescence* (Roslyn Heights, N.Y.), 18(72):799-810, 1983.

The study examines the relationship between drinking and criminal behavior among adolescent offenders. Data were collected by means of questionnaires administered to 342 residents of a public juvenile facility in the U.S. in the summer of 1979. Analyses were performed separately for each racial subgroup including blacks, whites, and Hispanics. Delinquent offenses in terms of frequency and seriousness comprised the dependent variables. Race, sex, father's occupation, arrest record, association with criminals, association with drug users, and drinking were used as independent variables.

Based on simple correlation, the results show that among each subgroup drinking is strongly associated with minor juvenile offenses. However, the correlation between drinking and serious offenses is strong only for blacks and whites. Multiple regression further reveals that, relative to other background and behavioral factors, drinking is the strongest single predictor of criminal offenses among blacks, with less importance for whites and little importance for Hispanics. These findings suggest that other social cultural experiences besides drinking must be considered when attempting to assess the likelihood that drinking will lead to serious criminal involvement.

It appears that the most consistent pattern exists among blacks: males who have been arrested previously and who frequently engage in drinking are more likely to be involved in juvenile offenses than other blacks. White males with arrest records who are involved in drinking and other drugs also appear to be a more likely group to participate in serious crimes. Particular preventive efforts should be targeted toward these groups.

- P. Hartstone, Eliot; Hansen, Karen V. "The Violent Juvenile Offender: an Empirical Portrait." In: Violent Juvenile Offenders: An Anthology, edited by Robert A. Mathias, Paul Demuro and Richard S. Allinson. San Francisco, CA: National Council on Crime and Delinquency, 1984, pp. 83-112.

Descriptive data are provided on 114 juvenile offenders adjudicated for violent crimes and randomly assigned to experimental or control groups as part of the U.S. government-funded Violent Juvenile Offender

Research and Development Program in 1982-1983. Data were obtained from official records and from interviews with the youths after program assignment.

Highlights of the findings include the following:

- . Delinquent careers - Youths in the sample had an average of 10.5 delinquency petitions and 5.7 formal adjudications according to official records, and even higher levels of delinquency involvement according to self-reports. The majority of youths reported at least one monthly offense in each of the offense categories (violent, property, and drug offenses).
- . Specialization - Both official and self-reported data indicated that youths did not specialize in one type of crime. Of the average 10.5 petitions, 5.11 were for property offenses and 3.41 for person crimes.
- . Progression - There was little indication that youths progressed from non-violent to more serious crimes. Youths in the sample participated in violent offenses early in their delinquent careers, 74.6 percent by their third petitions.
- . Families - The youths' family experiences were characterized by lack of involvement of the biological father, low family socioeconomic status, a high rate of criminal involvement by other family members (i.e., fathers, siblings), and a considerable amount of violence within the family.
- . Peers - The youths reported that their closest friends engaged in a considerable amount of delinquent behavior and had typically been processed in the juvenile justice system. But gang involvement was not reported to be a significant factor in the convicting offenses of the sample youths.
- . Chemical abuse - Half of the study youths said that alcohol or drugs had contributed to their violent behaviors, and 40 percent said they had used these substances immediately prior to their convicting offenses.

- Q. Inciardi, James A.; Pottieger, Anne E.; Faupel, Charles I. "Black Women, Heroin and Crime: Some Empirical Notes." Journal of Drug Issues (Tallahassee, FL), 12(3) 241-250, 1982.

There has been a scarcity of literature on the relationship between women, drugs and crime, and the lack of research focusing upon black women is even more pronounced. A study of 63 black female heroin users in Miami, Florida includes 42 who were active heroin users on the street, 14 drawn from prison populations, and 7 in treatment programs.

The drug-using careers of the 63 women were both long and complex. Most had initiated their drug use during adolescence with alcohol, codeine or sedatives and had since used a wide variety of drugs.

All of the respondents reported that they had committed at least one crime. All but one had an arrest history, which typically began early, at a median age of 16.9 years. A total of 32,129 offenses were reported by respondents for the 12 months prior to the interview or institutionalization, with a median of 332 offenses per respondent. Prostitution accounted for 28 percent of these offenses, drug sales for 24 percent, and shoplifting for 16 percent. Crimes against persons accounted for only 2.4 percent of the offenses. The ratio of arrests to crimes committed was extremely low for these respondents.

Only 124 of the 32,129 reported offenses resulted in an arrest. Another area of interest is the elusive relationship between drug use and criminal behavior. While extensive heroin use inevitably necessitates higher income for most users, the data suggest that the relationship between drug use and crime is not so direct as is commonly assumed. The median age of the first criminal activity reported by the sample was a full year prior to the use of barbiturates, and two years prior to first heroin use. Only alcohol use was reported to have occurred prior to any criminal activity. The temporal priority of criminal activity is even more pronounced in relation to the start of continuous or non-experimental use of drugs, which occurred an average of three years after the first crime.

- R. U.S. Bureau of Justice Assistance. Prisoners and drugs. Washington, D.C.: U.S. Department of Justice, 1983. 6 p. Bulletin NCJ-87575.

Information on the extent to which prison inmates had used drugs was obtained from the 1979 Survey of Inmates of State Correctional Facilities, which consisted of personal interviews with a stratified random sample of 12,000 state prison inmates in the U.S. The survey was conducted for the Bureau of Justice Statistics by the Bureau of Census. Inmates were asked about their experiences with eight substances: heroin, methadone (outside a treatment program), cocaine, marijuana or hashish, amphetamines, barbiturates, and LSD and PCP. They were also asked if they had ever used any other drugs without a doctor's prescription.

Almost one third of state prisoners in 1979 were under the influence of an illegal drug when they committed the crimes for which they were incarcerated. More than half had taken drugs during the month just prior to the crime. More than three-fourths had used drugs at some time during their lives, but only one-fourth of the drug users had ever been in a drug treatment program.

The more convictions inmates had on their records, the more likely they were to have taken drugs during the month prior to their offense. Three-fifths of all inmates with five or more prior convictions had used drugs during the month prior to their crimes compared to just over two-fifths of those with no prior convictions. The proportion of inmates with five or more convictions who had used heroin in the month before their offense was three times greater than the corresponding proportion of those with no prior conviction. The likelihood of having used more than one type of drug was also related to the number of prior convictions. One-fifth of inmates with no priors had used five or more different substances; Two-fifths of the inmates with five or more priors had used that many.

- S. U.S. Bureau of Justice Statistics. Prisoners and alcohol. Washington, D.C.: U.S. Department of Justice, 1983. 4 p. Bulletin NCJ-86223.

The 1979 Survey of Inmates of State Correctional Facilities was the first attempt to measure the drinking habits of prisoners across the United States. The survey consisted of personal interviews with a stratified random sample of 12,000 inmates in state prisons. It was conducted for the Bureau of Justice Statistics by the Bureau of the Census.

The survey established a greater degree of involvement with alcohol than had generally been anticipated. Almost a third of the inmates said they had drunk very heavily just before committing the offense for which they were convicted and incarcerated. Twenty percent of the inmates said they drank very heavily every day of the year before they entered prison. About 16 percent had at some time been enrolled in an alcohol treatment program. Habitual offenders and persons convicted of assault, burglary and rape were more likely to be very heavy drinkers than other prisoners. Whites, American Indians and inmates aged 18 to 25 were especially likely to be heavy drinkers.

II. Policy Responses to Substance Abusing Juvenile Offenders.

- A. Juvenile Justice System Response to Drug and Liquor Violations, Anne L. Schneider, Paper prepared for the National Research Conference on Juvenile Offenders with Serious Alcohol, Drug Abuse and Mental Health Problems, March 1984.

The rehabilitation-oriented juvenile justice system does not deal with the great majority of drug or alcohol users and, when youths accused of these victimless crimes are referred

to the system, it handles them with greater leniency than any other category of offense--including status offenses.

As changes occur in juvenile justice policy, changes can be expected in case processing decisions regarding drug and alcohol use. Data from Seattle are presented which show that the shift away from the "medical model" toward an accountability based "justice" approach was accompanied by less leniency in intake and sentencing decisions for drug and alcohol incidents. After the reform code went into effect in Washington State, these cases were dealt with in a manner closely resembling minor misdemeanor offenses. Status offenses were removed from the jurisdiction of the court resulting in a much less coercive system for these youths.

Policy options available to the juvenile justice and mental health systems are:

- a) to continue with the current discretionary decision system even though, in the light of expected changes to greater formalism and greater emphasis on the offense rather than the offender, this may produce harsher sanctions for drugs and alcohol users;
- b) to divert these offenders from juvenile justice into the mental health system, although this could produce unintended effects similar to those observed in status offense deinstitutionalization such as net-widening, relabeling, and charges of "punishment" disguising itself as treatment;
- c) to divest juvenile court jurisdiction over drug and alcohol offenses.

This latter alternative may be the most promising, although experiences in Washington suggest problems including disgruntled parents who believe that juvenile court intervention may be the only way to straighten out their children and criticisms that the system is neglecting the problems faced by juveniles who engage in victimless, but potentially harmful, misbehavior.

Most of the empirical research regarding the criminal justice system response to liquor and drug use revolves around the issue of coerced treatment and most of this research involves adults. The criterion of concern in most studies has been effectiveness. The results of the research are mixed, although the prevailing view seems to be that coerced treatment is beneficial. Ward (1982) indicates that studies show court-mandated clients threatened with a jail sentence if they do not participate in treatment: 1) attend therapy more than controls, 2) are arrested fewer times for DWI's, 3) show greater improvement on a number of social and personality variables.

Dunham and Mauss (1982) compared problem drinkers who had entered treatment voluntarily with those coerced by court actions and concluded that certainty of the penalty enhanced the program's impact. Burkett and Hickman (1982) found that court appearances had no discernable impact on subsequent marijuana use.

The research regarding coerced treatment has been challenged on methodological grounds (Ward, 1980; Fagen and Fagen, 1982).

There has been little research about the effectiveness of justice system intervention on alcohol or drug use among juveniles, and less attention to the juvenile court's response, or to other criteria that might be appropriate.

Frazier and Potter (1982) concluded that there were no differences in the severity of sanctions given to youths referred for drug or alcohol offenses compared with sentences given to other delinquents. Ito and Stapleton (1980) studied the predictors of intake and dispositional decisions in three juvenile courts. Juveniles referred for "vice" offenses did not differ from others in overall disposition. Vingilis (1981) compared delinquents involved in alcohol-related crimes to youths involved in non-alcohol crimes and concluded there were no differences except that the latter tended to be heavier drinkers.

The purpose of this paper is to examine how the juvenile justice system responds to youths whose only infraction is a drug or alcohol offense. Referrals to juvenile courts for drug-related offenses are lower than expected given drug use prevalence. Drug and alcohol offenders tend to be older than property or personal offenders and status offenders. Liquor law violators have the lowest probability of detention (these are grouped with status offenders). More than 70 percent of liquor law violators are dismissed without formal or informal probations. Post-reform system is characterized by a just deserts philosophy in which the primary responsibility is to hold juveniles accountable for their crimes rather than to provide treatment. Under new legislation, youths arrested for liquor or drug possession had to be diverted on first through third offense if no felony, and case had to be handled within formal system on the fourth misdemeanor. The law also prohibited that treatment programs from being required of offenders.

The Seattle data showed that drug and liquor cases in pre-reform system were dealt with more leniently than misdemeanor or felony cases, and in post reform system these cases received sanctions equal in severity to Class D and E misdemeanors. When a juvenile system shifts away from a rehabilitation model with greater emphasis on the offense and on accountability, there is a corresponding change in case processing decisions.

- B. Rehabilitative Sanctions for Drunk Driving: An Experimental Evaluation, Robert T. Holden, Journal of Research in Crime and Delinquency, January 198_, 55-71.

Under the Tennessee DWI Probation Follow-Up Demonstration Project, 4,126 persons arrested for drunk driving (DWI) were classified as either social or problem drinkers and were randomly assigned to one of the following treatments: control, probation supervision, education/therapy or supervision plus education/therapy. Each client was followed up for at least two years after referral to the project. It was concluded that the treatment programs were not effective in reducing arrests for DWI or for other misdemeanors and felonies. Arguments can be made that the treatment programs were inappropriate for many of the project's clients. However, strong arguments can also be made that any such experiments, regardless of the treatments tested, are unlikely to produce significant treatment effects because of other aspects of the sanctioning process.

The clients were followed up for almost two years, and rearrest rates computed. Among social drinkers the control group had the lowest DWI rearrest rate, contrary to study hypothesis. Among problem drinkers, the supervision plus education/therapy groups had the lowest DWI rearrest rate, as predicted, but was followed by the control group. There was no evidence of rehabilitative effects of either probation supervision or education for social drinkers. The failure of education and therapy to reduce DWI rearrests indicates that the programs were ineffective in producing alcohol-related behavior changes. The failure of probation supervision to reduce DWI rearrests while reducing non-DWI arrests for problem drinkers might suggest that supervision rehabilitates, but not with respect to alcohol related behavior. A negative relationship was found between punitive severity and rearrests, but only for non-DWI offenses and only among problem drinkers.

Few effects were found for the randomly assigned treatments. Previous evaluations of programs for problem drinkers have produced inconsistent but negative results. Evaluations of correctional rehabilitation programs generally have produced similar conclusions (Martinson, 1977; Sechrest, et.al., 1979). Many of the project's clients appeared to drive while drunk as part of a general pattern of criminal deviance. About 15 percent had prior convictions for non-DWI offenses. Programs aimed solely at modifying drinking or drinking and driving behavior are not likely to be effective for such individuals. Treatment programs were short term and not very intensive. Finally, sanctions may have a greater effect than treatment for persons with no previous arrest.

III. Treatment for Substance Abusing Juvenile Offenders.

- A. Dilemmas in Juvenile Corrections: Treatment Interventions for Special Problem Youths, Jeffrey Fagan and Eliot Hartstone, The URSA Institute, San Francisco, CA:, 1984.

The challenge to rehabilitation is perhaps most dramatic for delinquent youths with special problems such as substance abuse or emotional disturbance. The juvenile court must determine dispositions and services for these youths which can address their special problems. If such problems cause or contribute to crime, we can expect rehabilitation dispositions to reduce recidivism.

The juvenile justice system remains today as the primary response to delinquent youth, including offenders with special problems. To the extent that effective interventions can be identified and replicated, that proportion of juvenile crime which is rooted in such problems can be eliminated. Surveys of treatment impact found that in general the type of treatment program, modalities, and services provided juvenile delinquents made little difference in the youth's subsequent behavior (Bailey, 1966; Wright and Dixon, 1977). Research on rehabilitative interventions has been characterized by weak research designs, problems with outcome measures, and related problems.

Several shifts have occurred recently in dispositional policy to recognize punishment as an appropriate component of the juvenile court. Constraints on the juvenile justice system have raised fundamental questions about the concepts of rehabilitation punishment and determinacy. Gottfredson (1980) proposes the development of rehabilitative policy based on scientific criteria of program effectiveness--that is sentencing youths to demonstrably effective programs corresponding to their offense and backgrounds.

Implications of this emerging policy for special problem youth: the latitude of juvenile court or corrections to offer a treatment response to youths with alcohol, drug abuse or mental health problems is now prescribed by the youth's committing offense. The shift in juvenile court policies, coupled with fiscal crises and concerned public, has resulted in issues impacting treatment programming:

- overcrowded institutions
- more "serious" offenders (concern with security diverts treatment resources)
- longer lengths of stay
- varying ages and offender types
- staff capabilities (focus on surveillance and high caseloads limit treatment)
- costs (treatment programs for special youths subordinated to minimal services)
- reintegration (fewer intensive treatment services in secure institutions, with community re-entry opportunities a low priority compared to custody concerns).

There is general agreement that drug abuse and crime are related, yet the relationship is ambiguous. Drug abuse has been found to be a critical factor in homicide (Wolfgang and Strohm, 1956; McBride, 1961), robbery (Greenwood, 1982; Chaiken and Chaiken, 1982), and school violence (Gold and Moles, 1978). Recent attempts to identify predictors of violent crime and criminal careers have cited youthful drug abuse as a determinant of adult violent crime (Monahan, 1979; Chaiken and Chaiken, 1982). There continues to be a debate over whether drugs or alcohol are contributing factors, merely correlates, determinants or causal agents in crime. There is no conclusive evidence that drugs cause crime, that crime causes drugs, or that some underlying third factor causes both (Walters, Reinerman and Fagan, 1984). Johnston (1973) reports that drug use, while highly associated with delinquency in normal adolescent populations, actually follows delinquency. Clayton (1981) argues that drugs cause crime, while Goldman (1981) argues for the pharmoeconomic determinism of inevitability of drugs and crime. Others suggest that drug abuse and crime are part of a general deviant subculture (Akers, et.al., 1979).

There have been few systematic studies of substance abuse among juveniles in corrections programs. Smith, et.al., (1979) found that much of the serious crime committed by juveniles is indirectly associated with substance abuse, and that substance abuse does spur serious delinquent behavior. Certain drugs seem to be associated with certain crimes (Thornton, 1982; Feldman, et.al., 1976). Fagan, et.al., (1984), studied the substance abuse patterns and related problems of 112 violent juvenile offenders, and found that 53.1 percent drank liquor (in addition to beer or wine), 28.6 percent said that drinking contributed to acting violent, and 16.1 percent said it contributed to other crime, 30.9 percent felt they had a drug problem, one-third said drugs contributed to violent behavior, and one-fourth said drugs contributed to other crime.

Austin (forthcoming) analyzed the drug/alcohol use patterns of juvenile court referrals in Utah, and reports that, as the severity of disposition increases, rates increase for all behaviors. Youths receiving "informal" dispositions show less drug/alcohol use than adjudicated youth. Substance use among probationers lies between committed youth and the general population.

Policy and Treatment Implications

Research suggests that adjudicated juvenile offenders use a wide variety of substances with varying frequency, justifying special services for substance abuse. Treatment planners should not focus on specific drugs or patterns; addiction is infrequent and polydrug/alcohol use appears to be correlated with a host of social and interpersonal problems, and these should all be addressed. Greater attention should be paid to street norms and socio-ecological factors, and programs should teach skills for these settings. Cultural-specific programs should be considered.

In most states, committed youths are placed in secure facilities, and treatment services are confined to what is available in the

institution. Security and control are often prioritized over treatment. Access to community resources is limited. There are relatively few youth-specific drug or alcohol treatment programs in juvenile corrections agencies or elsewhere. The strong positive correlation between drug/alcohol abuse and delinquency has not been translated into the development of treatment interventions for this population.

Institutionally-Based Programs for Delinquents with Drug/Alcohol Problems.

Competing needs for security and intensive treatment for special problem youths poses a dilemma for juvenile corrections. Most substance abuse services are available at the "front end" of the system, for diverted youths (Kelly and McNeur, 1982). Special programs for institutional youths are virtually non-existent, with drug/alcohol education integrated with routine institutional programming. Structured substance abuse programs appear more effective for the adjudicated delinquent (Kelly and McNeur, 1982), with the intervention addressing substance abuse as part of a general social and adolescent developmental process. Program components include evaluation/intake/diagnostic process, alcohol and drug education, counseling, family counseling, referral and aftercare.

The California Youth Authority currently maintains substance abuse programs at two of its 18 facilities. The programs are rooted in no particular theoretical model. The approach relies on peer influence to teach personal responsibility and values. No specific treatment goals are set for each participant. No evaluation studies have been done on these two programs.

Despite the prevalence of drug/alcohol use among committed youth, drugs counseling is often provided by regular staff without special training. Existing programs for adolescents tend to be modeled after adult programs.

Lynne and Nash (1976) reviewed seven prison-based drug abuse treatment programs. Modalities ranged from therapeutic communities to inmate-run counseling and residential drug-free treatments. Authors concluded that addicts make only limited gains, and only while in the program. Many programs were weakly implemented. Post treatment recidivism rates were high, attributed primarily to absence of continuity for released addicts.

In a ten-year follow-up sample of 863 addicts receiving drug treatment, (McGlothlin, 1976) found that those who continued in the program longer fared better. Program participants were incarcerated for less time than legal discharges; however, legal discharges used drugs less than did the program participants.

Neithercutt (1978) reviewed several juvenile offender programs which replicated the therapeutic communities used in adult drug treatment and concluded that milieu therapy reduced delinquency. However,

Romig (1978) claims that the effectiveness of such programs disappears upon return to the community.

Several programs rely on learning theory principles. Achievement Place (Phillips, et.al., 1973) and Associated Marine Institutes, (Orlando and Kosof, 1976) utilize token economies and social interactions to reinforce positive behaviors. Evaluation data hints at reduced recidivism, but research problems cast doubt on these claims (Neithercutt, 1978).

The applicability of these models for substance abusing youth is questionable. Simple explanations and universal assumptions underlying many programs are inappropriate. The programs operate in artificial settings, with little testing of how skills will generalize once back on the streets. Many of the underlying problems are not addressed.

Programs such as the Massachusetts system, (Coates, et.al., 1978) and the Minnesota Serious Offender Program, (Neithercutt, 1978) rely on learning principles to manage conduct and treatment, with rewards and sanctions tied to progress in achieving objective goals. A contract specifies behavioral objectives for first phase (6 to 18 months). When successfully completed, the youth returns to the community for six months and receives three months of intensive treatment from a community liaison worker. Data on these programs are mixed. VDIS showed reduced recidivism, but research flaws make results uncertain (Murray and Cox, 1978). The Department of Youth Services results indicate that deinstitutionalization is a viable option with low recidivism levels compared to secure care (Coates, et.al., 1976).

Teaching skills to deal with a group personality in an institution may not be as useful as skills needed to function well in the community. Services should be continuous across several phases, including aftercare. Interventions should be available for crisis situations. A thorough diagnostic process is needed to identify treatment needs, based on the etiology of the problems.

Research problems in evaluating these programs prevail, including lack of random control groups, biased reporting procedures, and variance in methods of reporting statistical findings.

Recommendations for program development for special program youth.

1. Carefully designed and executed programs which use social contracting as a behavior modification technique should be developed, with a continuum of care.
2. Attention should be paid to carry-over issues to sustain gains and adapt youths to community life. Teaching youths to identify and resolve daily life problems should be central to a treatment effort.

3. Case management improves effectiveness of services and can be the instruments of treatment, advocacy and control.
 4. Comprehensive staff training is important.
- B. Treating Adolescent Substance Abuse, George M. Beschner and Alfred S. Friedman, Youth Drug Abuse, Lexington, MA: D.C. Health & Co., 1979.

Only a small proportion of the drug treatment programs in this country are oriented to serve adolescents. Only 11 percent of all drug clients in treatment (N = 171, 260) are 18 years and under. Most adolescent clients (82.5 percent) are admitted to drug free outpatient programs, ranging from unstructured drop-in centers to highly organized structured therapy. Another 12.4 percent of youths enter residential programs but few are designed for adolescents.

Substance abuse is a common problem among youngsters in the juvenile justice system. "However, there is little information available to indicate how these youngsters differ from others in the juvenile justice system, how their substance abuse problems are treated, or how effective facilities are in treating these youngsters" (p. 16). One study of a day alcohol treatment program operated exclusively for court referred adolescent delinquents. Friedman, et.al., (1982) reported that the degree of current drug use among this court-referred sample at admission to treatment far exceeded that for the Client Oriented Data Acquisition Process (CODAP) sample, which contains client data from federally supported treatment programs (except for heroin).

In a recent study conducted by the Office of Juvenile Justice and Delinquency Prevention (Pappenfort, et.al., 1983) it was shown that half of the 43,415 youngsters treated for delinquency in group homes had substance abuse problems. Large percentages of youngsters in other criminal justice facilities had substance abuse problems: status offenders (45 percent), emotionally disturbed (39 percent), detention (38 percent), temporary shelters (23 percent).

A national survey of 74 adolescent drug abuse treatment programs showed that outpatient programs focused more on counseling than residential programs. There have been few systematic attempts to evaluate which program conditions are most effective in treating adolescent drug abuse clients. The Drug Abuse Reporting Program (Sells and Simpson, 1979), showed reductions in use of opiates and criminal activities, but not on use of marijuana and alcohol. Considering all criteria together, the post treatment follow-up results were best for those in outpatient drug free environments. In the Treatment Outcome Perspectives Study (Rush, 1979), there was a decrease in heavy alcohol use and criminal activities, but an increase in marijuana use, among

those treated in outpatient facilities. Those treated in residential programs reported less alcohol and marijuana use. (Studies did not have control groups).

- C. Treatment Services for Youthful Drug Users, David Smith, Stephen J. Levy and Diane E. Striar, in Youth Drug Abuse, George M. Beschner and Alfred S. Friedmar, Lexington, MA: D.C. Heath & Co., 1979.

Most drug treatment services are not suited for the treatment of adolescent drug users. Many drug programs structured to serve youths are small components of a total service system offered in a general youth service or mental health agency. Even the apparently successful drug programs have not been able to offer proof of their effectiveness. As a result, there are limited treatment options for youthful drug abusers.

According to the National Youth Polydrug Study, the criminal justice system refers 22.5 percent of all youth clients into drug treatment, and 22.4 percent of all criminal justice system referrals are admitted into residential therapeutic communities, compared with 13 percent of other referrals. The use of compulsory treatment has been questioned, since some apprehended addicts have been able to choose treatment in lieu of criminal prosecution. One program, Treatment Alternatives to Street Crime, allows successful graduates of drug treatment the chance to have charges dropped against them. A distinct advantage to diverting youths into treatment rather than prison is that the latter tends to reinforce criminal lifestyles.

Only a small percentage of youths get into federally supported treatment programs compared with adults and more youths are admitted to outpatient settings. A very small number of youths are served in outpatient detoxification or methadone maintenance treatment and a higher proportion enter drug-free modalities.

Treatment Services for Youths.

1. Youth Services.

a. Emergency Services.

Emergency services in hospital inpatient units, emergency rooms and crisis centers give immediate intervention for drug abusers. Problems include prohibition of treatment without an adult, requirement of reporting drug episodes to police, lack of knowledge about drug treatment. Detoxification services have been made available for users to eliminate the habit under medical supervision. Problems include sneaking drugs, abuse of treatment drugs, required parent consent.

- b. Crisis Intervention Centers and Hotlines.
Sympathetic listener, drug information, resource referral.
- c. Professional Counseling (Individual).
A broad spectrum of approaches and techniques have been used, but little has been done to establish the effectiveness of these various methodologies. Focus is on here and now, support, trust, desire for help.
- d. Group Therapy.
Young clients more likely to be influenced by group (peer) pressure. This is a widely used and popular modality for young drug abuse clients in drug free clinics. Clients receive support and guidance, help others, improve self image. There are no systematic studies of the outcome of group therapy with young drug abuse clients conducted with adequate research controls. Behaviorally oriented group therapy is based on the assumption that specific behaviors of other group members can operate as discriminating and reinforcing stimuli.
- e. Family Therapy.
Family unit is seen as the patient or system to be modified via support, communication, expression, task, negotiation, etc. May be combined with individual or peer therapy. Difficulties include involving families, transportation, etc.
- f. Peer Counseling.
Counseling is done by untrained addicts and para-professionals from similar backgrounds. Problems are lack of training or knowledge.
- g. Meditation.
To alleviate stress, and provide an alternative to drug abuse.
- h. Supervised work experience.
To help client gain self confidence and respect, and learn good habits.
- i. Vocational Training.
Job readiness training to broaden opportunities.

- j. Educational services.
 - k. Referral services.
2. Youth Programs.
- a. Runaway houses and group homes.
 - b. Alternative agencies.

Free clinics, The Door - An Innovative Center for Alternatives (drop in center, drug treatment, free medical clinic, community youth center).
 - c. Therapeutic communities.

(Stressing re-entry, vocational rehabilitation, education, nutrition, counseling).
 - d. Halfway houses.

Aftercare for transition into the community.
 - e. Outpatient Clinics.

(Drop-in centers, structured socialization activities, counseling sessions, education, support).
 - f. Special Services.

E.g., mobile clinics.
 - g. School Programs.

Peer counseling, values clarification.
 - h. Youth Centers.

Many treatment approaches are generally inappropriate for treating youthful drug users. Adolescents directed by the criminal justice system into treatment may demonstrate lack of motivation, but some may become motivated despite compulsory nature of treatment. Most programs are not individualized, and many provide custodial rather than good clinical care addressing multiple factors and problems. Presence of older drug abusers may provide undesirable influence. Other problems are limited funding, untrained staff and lack of evaluation of treatment outcome.

- D. Group Work With Alcoholic Polydrug - Involved Adolescents With Deviant Behavior Syndrome, Peggy Citron, Social Work With Groups, 1(1), Spring 1978, 39-52.

Efforts are now underway in social work treatment with adolescents involved with both alcohol and drug abuse and who have been arrested for anti-social acts. Traditional forms of social casework or therapy are of little use since the adolescent often denies the problem. The focus of treatment must be upon problem solving and a peer support system.

The syndrome that characterizes young alcoholic users includes polydrug involvement and acting out. Teenagers today begin use at an earlier age and receive more social sanctions from peers (to be "cool"). Substance abuse can be an acting out symptom of the normal adolescent process, or can be a reaction adjustment to extraordinary stress. Duration of abuse and frequency of repetition of the substance - induced deviant behaviors are key factors to be considered.

For those youths whose acting out behavior has led to arrest, the judicial process offers the opportunity to provide treatment instead of punishment. A federally funded experiment, Drinking and Driving Intervention Program, provided services to adolescents arrested repeatedly for deviant behavior under the influence of alcohol or drugs. It offers an "enforced treatment" program consisting of assessment, court advocacy, alcohol and drug education, and a 20-week group therapy plan. Once drug-free living patterns are established, clients can voluntarily take part in advanced growth group therapy.

Peer group reinforcement, "pleasure mileage" from drug use, and degree of progression reduce motivation for treatment. Attempts at group work with younger adolescents have had limited success, primarily because of the difficulty of developing a strong support group of youngsters committed to treatment at the same point in time. This population does well when engaged in individual counseling, when parents are involved, and in self-help AA groups. AA is a key resource in working with addicted adolescents, offering a support system needed to facilitate recovery and growth. Groups offer an opportunity for peer interaction under guidance of a trusted worker, facilitating a positive peer culture.

- E. An Alcohol Education and Traffic Safety Program for Institutionalized Juvenile Offenders. Glenn E. Rohrer, Jack R. Elliott, and Nancy L. Geer, Journal of Alcohol and Drug Education. 29(2) 1984, 40-43.

The article describes a preventive educational program on alcohol and traffic safety conducted in the largest juvenile correctional institution in Ohio. Institutionalized delinquents were identified as an extremely high risk group, likely to drink and drive. They were exposed to a 20 hour training program, designed and conducted in a manner similar to many DWI programs operated by municipal courts. Youths involved had not been convicted of

DWI but had exhibited difficulties with drugs and alcohol. Significant results were obtained in regard to the success of the educational aspects of the program.

The program used lectures, video and audio tapes, films and slides. Two presentation formats were used:

- 1) meeting with a group twice weekly for four weeks; and,
- 2) weekend program (both 20 hours).

The goal of the program was to help students improve their knowledge, attitudes and behavioral intentions related to alcohol and safety. The course was completed by 66 youths, of whom 78 percent had a drinking problem. At the post-test on knowledge about alcohol and traffic safety, 82 percent scored higher than on the pre-test.

- F. Inmate Drug Education Programming. Richard E. Miller, Journal of Prison and Jail Health, 4(1) Spring/Summer 1984, 33-39.

Drug education programming for inmates is an important issue since the predominant psychosocial health problems of this population are drug/alcohol abuse. The paper presents information on community health education programming for offenders and, specifically, on problem identification, resource identification, development of objectives, selection of methods and techniques, and evaluation. Studies indicate high prevalence of drug and alcohol dependence among inmates and among offenders at the time of the criminal incident. Resources within and outside institutions are described including a health council involving the warden, director of treatment, health personnel, other staff and inmates; drug education courses taught by older inmates or volunteers, linkages with Alcoholics Anonymous, and individualized cassette programs. Although the article emphasizes drug education, the author suggests that this modality should complement inmate drug counseling and treatment services.

- G. Effects of Community-Based Group Home Treatment Programs for Juvenile Offenders on the Use and Abuse of Drugs and Alcohol. Curtis J. Braukmann, Martha M. Bedlington, Brian D. Belden, Patricia D. Braukmann, Jack J. Husted, Kathryn A. K. Ramp and Montrose M. Wolf, University of Kansas, Lawrence, Kansas (n.d.)

The research suggests that adolescents placed in residential programs due to their delinquent behavior are at high risk for drug and alcohol use and abuse. There is little research on the effects of residential delinquency treatment programs on drug and alcohol related behaviors. This study examined the comparative effects of 17 community-based, group home delinquency treatment programs in Kansas on self-reported drug and alcohol use and abuse and prosocial behavior. The results

indicated that youths (N=82) participating in eight group homes using the Teaching Family (T-F) approach had better during treatment outcomes than youths (n=103) in a set of nine comparison group homes. A sample of T-F youths (n=28) also had better during-treatment outcomes than a matched no-treatment comparison group of their friends (n=28). A sample of youths (n=33) in the comparison group homes did not differ on during-treatment measures from a matched no treatment comparison group of their friends (n=33). No treatment effects were evident for either set of group home youths in the post treatment year. Regression analyses were conducted in an attempt to account for variation in the during-treatment measures of drug use and prosocial behavior. Significant regression coefficients were found for some measures of treatment process and for pre-treatment measures of youths' drug use and prosocial behavior. In a second set of regression equations, the same process and pre-treatment measures were less effective in accounting for variance in post-treatment outcomes.

The literature consistently reveals a statistical relationship between adolescents' delinquent behavior and their drug and alcohol use, (Elliott and Ageton, 1976). Drug use by adolescents appears to be part of a general deviance syndrome involving a wide range of illegal and norm-violating behavior. One would expect youths adjudicated and referred to treatment would be high risk for substance use and abuse. Researchers have reported higher substance use among youths in juvenile offender residential programs than among normal samples of youths.

Evaluations of delinquency intervention programs most often have looked at general delinquency with few examinations of effects of delinquency treatment on substance use.

Both types of group homes in this study served court adjudicated youths ages 11-17. None of the programs had treatment components unique to drug or alcohol use but each treated these behaviors as they would other undesirable behaviors.

Teaching Family homes were directed by "teaching parents" who were trained and certified in application of specific skill training, self government, motivation, relationship development and youth advocacy procedures. Non T-F homes were diverse, usually involving counseling and rotating staff.

The alternative treatment and no treatment group comparisons suggest that the T-F group home programs had a during treatment impact on alcohol use and abuse, prosocial behavior and perhaps marijuana use, but neither had a post treatment effect. Authors conclude that there is a need for drug and alcohol prevention and treatment components in delinquency treatment programs as well as a need for R&D concerning behavior change strategies for such programs that would have greater long-term effect on substance use and abuse. The lack of post-

treatment maintenance of during-treatment reductions in drug and alcohol use suggest that youths may need structure, guidance and support following treatment. Non-treatment influences seem to account for significant variance in substance use of group home youths, suggesting such treatment strategies as family therapy with youth's natural families, teaching of functional skills to youths for refusing peers, making new non-drug using friends, or obtaining access to systems of reinforcement contingencies that discourage irresponsible drug and alcohol use.

- H. Strategies for Controlling Adolescent Drug Use. J. Michael Polich, Phyllis L. Ellickson, Peter Reuter, James P. Kahan, Santa Monica, CA: Rand Corporation, February 1984, Chapter 4: Treatment of Adolescent Drug Abusers.

Most treatment research has concerned adults and only a small fraction of patients admitted to drug treatment are under age 18. The distinction between drug treatment and prevention is often drawn from the frequency of use and/or the problems caused by excessive use. Preferred treatments depend on the theoretical orientation of the treatment provider, and range from chemotherapy (detoxification) to relearning behavior patterns to altering relationships. Most programs provide a mix of services, including psychological therapy or counseling, medical and social assistance, job placement, education and referral.

Although many clients are adolescents, they are underrepresented with respect to their frequency. Few studies have attempted to identify the differences between adolescent drug abusers and their adult counterparts. Smith, Levy and Striar (1979) summarized the nature of treatment services for youthful drug abusers. First, a youthful abuser was more likely to be forced to attend the program by criminal justice authorities, parents or schools. Many preferred alternative agencies providing peer counseling by former users, TM, Yoga, runaway houses and free clinics. A substantial proportion of youth are treated in unsuitable programs designed for heroin addicts, unresponsive to the particular needs of adolescents. Holland and Griffin (1983) studied youthful and adult drug abusers at Gateway House and concluded that the prognosis for adolescent drug abusers is poor.

There are four generally recognized modalities of treatment: detoxification, methadone maintenance, therapeutic communities, and drug-free treatment. Although detoxification followed by outpatient aftercare was once the dominant modality (Brill, 1981), its efficacy has been questioned over time (Lipton and Maranda, 1982). Methadone maintenance has become a widely accepted treatment modality for opiate addiction, but is not

appropriate for treatment of other drugs. Therapeutic communities resocialize the drug abuser by creating a structured, isolated, mutual help environment where the individual can learn to function as a mature participant (Einstein, 1981). Drug-free programs include crisis intervention centers, therapy and counseling.

There is no consensus on the current state of drug abuse treatment. The largest evaluation project to date has been the National Institute of Drug Abuse's national follow-up study of admissions to drug abuse treatments in the Drug Abuse Reporting Program (DARP). Longitudinal data were collected from 44,000 clients in 52 programs. In general the less problems a client had upon admission, the more likely he was to have a favorable outcome. Favorableness of outcome was also related to time spent in treatment. This latter finding was supported by other studies (DeLeon, Wexler and Jainchill, 1982; Van Ryswyk, et.al., 1981; Coombs, 1981; Holland, 1981), although there are methodological problems in some of these studies.

- I. Kelly, Claudia J.; MacNeur, Jean B. Treatment alternatives for juvenile alcohol and drug abusers: a six-state survey. Sacramento, Calif.: Center for the Assessment of the Juvenile Justice System, American Justice Institute, 1982. 34p.

This special report was prepared at the request of the U.S. National Institute of Juvenile Justice and Delinquency Prevention, Office of Juvenile Justice and Delinquency Prevention. It is a preliminary examination of existing treatment and prevention alternatives for juvenile alcohol and drug abusers.

A six-state judgmental sample, balanced for geographic and population factors, was used. Juvenile programs were identified through telephone interviews with state substance abuse officers and regional coordinators in California, Illinois, Louisiana, Missouri, Pennsylvania and Virginia.

This report's major findings are:

- 1) A number of counseling and treatment alternatives exist for juvenile (teenage) alcohol and drug abusers. Adolescent-specific (teenage) drug abuse programs outnumber alcohol abuse programs four to one. There are approximately twice as many adolescent-specific substance abuse (polydrug abuse) programs as drug and alcohol programs combined. There is an acute need for high-risk juvenile-specific alcohol treatment given the 53 percent increase in reported juvenile arrest rates for alcohol offenses from 1970 through 1980.
- 2) There are few early intervention programs for juvenile offenders.

- 3) Involuntary custodial care juveniles receive infrequent alcohol and drug education.
 - 4) The majority of alcohol programs available to juvenile offenders are general, adult model programs, some with adolescent components. There are few juvenile-specific alcohol treatment programs.
 - 5) General, non-specific counseling is available to a broad range of juvenile substance abusers, including both adjudicated and non-adjudicated population. Counseling services are available from community mental health centers, licensed private psychiatrists, psychologists, and marriage and family counselors. Some of these services have substance abuse programs. Those without such programs provide only traditional therapeutic counseling. Counseling as a substance abuse treatment alternative is most effective when used within a structured substance abuse program (e.g., evaluative intake, alcohol and drug education, individual, group, and family counseling, information/referral, and aftercare.
- J. Vidgal, Gerald L.; and others. "Skills Training in a Program for Problem-Drinking Offenders: A One-Year Follow-up Evaluation." *Journal of Offender Counseling, Services & Rehabilitation* (New York), 5(2):61-73, 1981.

A correctional program for problem-drinking offenders that incorporates a functional social learning perspective to deal with abusive drinking associated with criminal activity is evaluated. The Alcohol Education and Treatment Program (AETP) is a special facility run by the Wisconsin Division of Corrections to train problem-drinking offenders to deal effectively with drinking difficulties, conditions of their parole status, postrelease employment, and reintegration into the community. Offenders at Wisconsin Division of Corrections facilities for adult males, are interviewed for admission to AETP. This study compared 167 subjects who were admitted for treatment and who completed the six-week program during its first year of operation with a randomly selected control group of 40 individuals who were released at the same time as the experimentals. Follow-up interviews were conducted at 3, 6, and 12 months from release to parole supervision or discharge, and measured a number of drinking and social functioning variables. Data analysis indicates a moderate program impact at the first and last follow-up periods. In general, the experimental group reported drinking less, getting jobs sooner, and earning more. They tended to maintain these gains while the control group reported deterioration on several drinking variables.

- K. U.S. National Institute on Drug Abuse. Drug Abuse Treatment in Prisons. Washington, D.C., U.S. Government Printing Office, 1981. 13p. (DHHS publication no. (ADM)811149).

In 1979, a national survey was conducted of drug abuse treatment programs in prisons of the 50 states and the District of Columbia. For the purposes of this study, a drug treatment program was defined as a program providing treatment explicitly for drug abuse, operating at the institutional level, continuing over time, and having an identifiable manager or director.

Using the American Correctional Association's directory of state prison officials, correction administrators in each state were contacted during 1979 to obtain current data on services provided and to identify specific programs within the state to be contacted for interview.

From a total of 414 correctional institutions at the state level, 215 were identified as being served by some type of drug abuse program. Since some programs served more than one institution, the number of treatment programs was actually 160. The program managers of each of the 160 treatment programs answered a mailed 35-question interview, and additional written material was obtained from them as well.

A series of tables provides detailed information about many aspects of the treatment program. For each state there are the following data: the adult inmate population, the number of identified drug treatment programs, the capacity of the programs, the total program participants currently enrolled, and the percentage of inmates enrolled. There are also data on the number of programs by types of substance abuse treatment, the source of funding, program budgets, the source of referral or mandate for treatment, the number and percentages of programs by type of professional staff available, prevailing modes of treatment, special provisions for clients exiting to the community, and aftercare services.

There was considerable variation in the size and scope of the programs ranging from those that had minimal funding to those receiving hundreds of thousands of dollars. Most programs had either full-time or part-time counselors available, although few had psychologists or psychiatrists available. Prominent among the services delivered were drug education, vocational counseling and training, and family therapy. Nearly one-third placed inmates in community-based, drug-free treatment as they left the prison programs, and ten percent provided placement in methadone maintenance. Aftercare services were provided by almost half the programs.

While the rate of drug dependency in prisons has been found to be high, with an estimated 21 percent of state prison inmates having a history of heroin addiction and 61 percent having some history of drug abuse, the percentage of state prison inmates receiving treatment for drug dependency (4 percent) was relatively small. Almost half the nation's state prisoners were not served by any identifiable drug abuse treatment program at the time of the study. Nonetheless, the overwhelming majority of states provided some form of treatment to drug-dependent inmates. The programs provide treatment to more than 10,000 state prison inmates and are operating at slightly over 80 percent capacity. The federal prison system is also organized to work with a significant number of drug dependents and provides a variety of rehabilitation approaches. Twenty nine operating programs, treating over 2,600 federal prisoners through well-organized systems of services, were identified.

TREATMENT IMPLICATIONS
OF THE
REVIEW OF THE LITERATURE

This review establishes correlations between drug and alcohol abuse and criminality in adolescent populations. The nature of that correlation remains clouded. While most studies caution against causal assumptions, most do attempt conclusions regarding predictability of offending in relation to substance abuse and correlations of rate and severity with prognosis for recidivism. Research supports treatment programs as necessary and helpful, while definitive evaluation of program success remains limited. The Division of Juvenile Rehabilitation can benefit from the implications of current research by developing programming which can be evaluated for outcomes and maintains a consistent theoretical approach.

There exists a number of findings in this review which should be addressed prior to program development. These issues are not conclusive and prompt more questions than answers. Each point is presented with a brief discussion.

FINDING: Extent of Drug Use is a Predictor of Adolescent Criminal Behavior

DISCUSSION: The assessment of offender populations for drug and alcohol involvement should be predictive of high risk clients. The current testing approach being utilized (Client Substance Index) presents the potential of targeting additional services for clients assessed as most problematic with substances.

FINDING: Etiology of Drug Abusers and Delinquents is the Same

DISCUSSION: This supports the DJR effort to integrate substance abuse treatment with offense specific treatment. Underlying causes can be assumed as similar for behavior problems presented by young offenders.

FINDING: The Contention that Substance Abuse Rehabilitation Should Produce Lower Recidivism.

DISCUSSION: This position assumes that substance abuse is either a contributing factor or cause of criminality. The contribution warrants study and presents possible direction for programming efforts.

FINDING: Law Enforcement Efforts have Little Impact on Substance Abuse Patterns.

DISCUSSION: This reinforces the necessity of a complete continuum of care by demonstrating the futility of consequences to change client habits. It must be cautioned that this is not an argument for decriminalization of drug usage, but an argument for the inability of chemically dependent personalities to willfully choose abstinence.

FINDING: Research has not Identified Differences in Characteristics of Adult and Adolescent Substance Abusers

DISCUSSION: Substance abuse treatment approaches require scrutiny given what we know of adolescent development and the treatment of adolescent problems. The differences in adolescent and adult substance abusers, such as physical, emotional, mental, life experience, etc., must be understood in order to better address the treatment of needs of adolescents. Additionally, when seeking services or consultation, caution should be taken to ascertain the experience of a service provider in treating adolescents.

FINDING: Absence of Aftercare is Correlated with Post-Treatment Recidivism

DISCUSSION: This statement supports the need and importance of adequate networks of aftercare services for DJR clientele. It also suggests a predictive element available to the DJR as a result of close monitoring of parolee's behavior, i.e., those parolees who fail to participate in aftercare services (AA/NA meetings) have a high likelihood of re-offense. This recommends parole planning with an emphasis on aftercare for those clients that are chemically dependent.

FINDING: Few Attempts Have Been Made to Evaluate Program Effectiveness

DISCUSSION: The DJR should develop evaluation mechanisms to carefully measure outcomes of substance abuse treatment. Since no set of treatment approaches has strong research support, the programming should remain;

- 1) Flexible enough to change based on outcome evaluation.
- 2) Consistent systemwide to facilitate both evaluation and change.

SUMMARY

The review of the literature demonstrates the overall lack of program development in the area of substance abuse treatment. Research is also limited in definitive analysis of the problem, its relationship to criminality, its causal factors and potential solutions. Those efforts which have been tried are poorly evaluated or not evaluated at all. The resources are inconsistent and not necessarily designed to address the special needs of adolescents. Continued study is needed in all aspects of adolescent substance abuse and its relationship to adolescent criminality.