

Commentary on Drug Use and Interventions among Justice Involved Youth

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ABSTRACT

This commentary draws on my multiple decades experience working on adolescent drug use issues, particularly involving youth in the justice system. Reflections are made on key issues in the field, progress made, and challenges that need to be overcome in moving the field forward.

DISCUSSION

Drug use among adolescents remains a significant problem. Marijuana continues to be the most widely used illicit drug used by youth in and out of the juvenile justice system, and its rate of use has increased in recent years. This is documented, for example, by the Monitoring the Future annual survey of U.S. students in grade 8, grade 10, and grade 12 [1]. This is especially the case for youth involved in the justice system. For example, marijuana use rates, based on urine tests, for Washington, D.C. pretrial youth has increased to 70% in recent years, and drug test rates of 60% are routinely found among arrested youth in South Florida [2]. Changing drug policies and social norms relating to drug use in the U.S. are likely to result in increased use of drugs, especially marijuana, among youth. At the same time, such increase will bring with it significant personal and public health risks. Youth have developing brains until the mid-twenties, and studies have shown regular use can affect physical health, and emotional-psychological development [3].

For many years I have been involved in studies, and service development for, justice involved youth. I have witnessed the development of many psychometrically sound assessment tests of functioning on different psychological and biological domains, and learned about and been involved in developing, implementing and evaluating a number of evidence-based interventions. Justice involved youth have significantly higher drug use, and severity of drug problem, rates, than youth in the general population [4,5]. For all the work numerous, talented, and dedicated researchers and practitioners have expended, we today remain unable to place more than 1 in 5 youth in need of substance abuse services in the care they need [6]. Findings from the NIDA funded, six year JJ-TRIALS Cooperative Agreement involving 32 juvenile probation sites in seven states underscore the critical importance of engaging drug using youth in treatment; and learning more about the factors causing significant jurisdiction differences in referral practices and outcomes. A great need remains to incorporate trauma-informed care concepts and practices into referral and treatment services for drug involved youth [7].

Many justice involved youth grow up in homes where sexual abuse (especially girls) [2], physical, and emotional abuse are common experiences. As well, many justice involved youth grow up in homes where one or more family member is involved in alcohol abuse, other drug abuse, and where a biological parent has spent time in jail or prison [8]. These adverse experiences present impediments to these youths' potential to develop into healthy adults; and their remediation requires considerable investment in care and service resources. These needs are especially poignant among homeless and LGBTQ youth [9].

In most jurisdictions, juvenile justice and behavioral health agencies operate as separate entities, and don't routinely interrelate on domains of organizational relationships which could facilitate moving drug involved youth through the service cascade (screening, assessment, referral, initiation of treatment, engaging in treatment, competing treatment, and continuing care) [10]. Few community-based justice agencies have treatment services on-site. Prompt placement in needed treatment is a necessary feature of successful treatment services. As well, there is a great need for juvenile justice agencies to establish collaborative relationships with public health agencies, as a large percent of justice involved youth are sexually active and infected with sexually transmitted diseases (especially Chlamydia and gonorrhea) [11]. Model interventions, those that have been scientifically demonstrated to be effective, are often very costly. Many local behavioral health agencies cannot afford to sustain them. There is a critical need for evidence-based interventions provided by trained, supervised paraprofessionals. Using trained paraprofessionals from diverse socio-cultural groups to serve their own communities increases the likelihood of youth and family acceptability and engagement in these drug treatment services. Family engagement remains one of the most challenging issues encountered in providing drug treatment to justice involved youth. In spite of these challenges, reduction of justice involved youth drug use can provide multiple beneficial effects, especially reduced arrest rates and further contact with the justice system [12].

There is a serious need to learn how youth from different cultural groups respond to interventions. Intervention services to youth from non-U.S. cultural backgrounds, need to be informed

by their background experiences and relationship to U.S. customs and values. Issues of acculturation and assimilation need to be assessed, and interventions tailored to reflect sensitivity to these experiences. Relatedly, there is a critical need for gender informed substance abuse treatment services, both in quantity (there are many fewer of them for girls, compared to boys) and content (e.g., justice involved girls more often come from more troubled backgrounds involving abuse and neglect issues, than boys). Successful efforts to reduce youth drug use need to include attempts to influence positive change on the multi-level factors influencing youth drug use, such as concentrated community disadvantage (e.g., high rates of unemployment, poverty, crime, drug dealing, and rates of residential mobility). Issues of over policing, racial/ethnic disparities in health care, and economic opportunity should be addressed as part of a comprehensive strategy to reduce some of these important beyond individual level influences on drug use. This is especially the case for justice involved youth, who often live in stressed communities. There is an ongoing need for community-based drug treatment programs to advocate for sufficient funds to sustain quality services. Ongoing advocacy with legislative bodies and the political process for funding support is needed to ensure the continued existence of effective programs.

CONCLUSION

These are some of the challenges providing opportunities for improving the health and wellbeing of drug involved youth, their families, and their communities. Enlightened, committed leadership is needed to press forward in seeking sustainable resources to address the above noted issues, as current and future generations of children are depending on us and other advocates to provide hope and a living example of transformative action.

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