

Substance Abuse and Delinquent Behaviors/Treating the Adolescent Offender

Adolescent Substance Abuse

- When young people engage in alcohol and other drug use, they, their families, and their communities usually suffer. In some cases, because of the strong association between substance abuse and delinquency, an increased burden is also placed on the juvenile justice system.
- Since 1992, the high rate of illicit drug use among youth has been steadily increasing.

Adolescent Substance Abuse

- There is substantial evidence that supports the relationship between substance use and criminal behavior in youth
- Substance Use often increases recidivism and relapse and a deeper involvement in the criminal justice system
- Severe substance use is associated with increased rates of offending and more serious offenses
- It is also revealed that, the younger the child is at the onset of substance abuse increases probability of severe and chronic offending

Adolescent Substance Abuse

- In 2015 it was found that 25% of juveniles referred were frequent users of drugs and/or alcohol
- Substance-abusing youth may be alienated from and stigmatized by their peers. These young people also often disengage from school and community activities, thus depriving their peers and communities of positive contributions they might otherwise have made.
- Depression, developmental lag, apathy, withdrawal, and other psychosocial disorders are frequently linked to substance abuse among adolescents

Adolescent Substance Abuse

- Users are at higher risk than nonusers for mental health problems, including suicidal thoughts, attempted suicide, completed suicide, depression, conduct problems, and personality disorders.
- Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills.
- Motivation and psychosexual/emotional development may also be influenced (Bureau of Justice Statistics, 2012).

What Else is Happening?

- Is the war on drugs a war on the people in disguise?
- The U.S is 4% of the worlds population which houses 25% of the worlds incarcerated persons among industrialized nations.
- Population incarcerated in the U.S. exceeds those of all industrialized countries – currently topping 2 million and climbing.
- Highest incarceration rate in the world
- Over the last 33 years from 1984 to 2017 it has increased by 400%

What Else is Happening?

- Those numbers represent millions of lives changed forever as well as families and communities
- 41% of juveniles are arrested before the age of 23
- Children as young as 13 year of age have been sentenced to die in prison
- No other country incarcerates or sentences juveniles the way the U.S. does
- Our prisons violate international law
- Prisons are regulated by prison officials, with state intervention when something goes awry

Juvenile Delinquency and Substance Abuse

- Young people begin to experiment with drugs, new social groups, music and their sexuality from the age of 14
- Underage drinking is a common activity that is considered delinquent
- With the reduction of inhibitions while under the influence of a substance, “daredevil activities” increase
- They place themselves at risk for sexual assault, and involvement in criminal activities as part of a “dare” (peer pressure)

Juvenile Delinquency and Substance Abuse

- Persistent substance abuse among youth is often accompanied by an array of problems, including academic difficulties, health-related consequences, poor peer relationships, mental health issues, and involvement with the juvenile justice system. There are also significant consequences for family members, the community, and society in general

Juvenile Delinquency and Substance Abuse

- Declining grades, absenteeism from school and other activities, increased potential for dropping out, and other school-related problems are associated with adolescent substance abuse
- Around the country there is a trend amongst our youth that being; both a low level of commitment to education and higher truancy rates.
- Cognitive and behavioral problems experienced by alcohol- and drug-using youth may not only interfere with their academic performance but may also disrupt learning by their classmates

Juvenile Delinquency and Substance Abuse

- Health-related consequences of teenage substance abuse include accidental injuries, physical disabilities and diseases, and the effects of possible overdoses.
- Death through suicide, homicide, accidents, and illness may be the final outcome for youth involved with alcohol and other drugs

Juvenile Delinquency and Substance Abuse

- The danger of contracting HIV or other sexually transmitted diseases is increased for substance-abusing youth if they engage in high-risk behaviors, including the use of psychoactive substances (particularly those that are injected) or activities resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances

Initiation: Here We Go

- For some it is a “rights of passage” a community expectation
- Testing the boundaries or demands of adults, parents, teachers, etc.
- The glamour and seductiveness of drug use and criminal activity
- The drive for status and a need to belong, to be a part of something

Connection Between Adolescent Substance Abuse and Delinquency

- Because substance abuse and delinquency are inextricably linked, arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many young people engaged in such behavior
- Substance abuse and delinquency often share the common factors of school and family problems, negative peer groups, lack of neighborhood social controls, and a history of physical or sexual abuse

Connection Between Adolescent Substance Abuse and Delinquency

- Substance abuse is also associated with violent and income-generating crime by youth, which increases community residents' level of fear and the demand for juvenile and criminal justice services, thereby further increasing the burden on these resources.
- Gangs, drug trafficking, prostitution, and youth homicides are other related social and criminal justice problems often linked to adolescent substance abuse.

Risk Factors for Today's Youth

- Mental health problems (including suicide): • Young maternal age. • Parental use of corporal punishment. Runaway: • Parental use of corporal punishment. • Sexual trauma. • Other forms of family trauma. • Being “thrown away” by parents. Substance abuse Witnessing violence between parents. • Parental substance abuse, criminal conduct, or incarceration. •

Risk Factors for Today's Youth

- Conduct problems or conduct disorder, insecure attachment in infancy: • Hyperactivity and/or attention deficit disorders. • Reduced development of empathy. • Lack of social bonding. • Young maternal age. • Exposure to deviant peers. • Few or poor quality social ties. • School difficulties. • Sensation seeking. Gang involvement: • Neighborhood crime and violence.

Risk Factors for Today's Youth

- National survey found that by the time they finish 8th grade, nearly one in three (29%) adolescents has experimented with illegal drugs, and 41% have consumed alcohol. The earlier onset the age of first use, the greater the risk for lifetime alcohol abuse or dependence.

Substance Abuse and Trauma: Making the Connection

- Many researchers and providers point to the self-medication hypothesis to explain the connection between trauma exposure and substance abuse, suggesting that youth turn to psychoactive drugs and alcohol in an attempt to cope with traumatic stress or reminders of loss

Substance Abuse and Trauma: Making the Connection

- Although there is much evidence to support this pathway— studies evaluating the frequency of substance abuse following trauma exposure have reported rates as high as 76% it is also true that substance abuse can increase an adolescent's risk of trauma exposure and of experiencing traumatic stress symptoms.
- The delinquent behavior could very well be the method of choice for coping with the trauma

Substance Abuse and Trauma: Making the Connection

- It is clear that the negative effects and consequences of one disorder compound the problems of the other. All individuals with substance abuse disorders are at risk of experiencing intense cravings for their substance(s) of abuse when exposed to stimuli associated with use (e.g., substance-using peers, places where they obtain drugs, time of day). In substance abusing teens with a history of trauma, such cravings can also be triggered by people, situations, places, or things that evoke past traumatic events

Substance Abuse and Trauma: Making the Connection

- In substance abusing teens with a history of trauma, such cravings can also be triggered by people, situations, places, or things that evoke past traumatic events

Substance Abuse and Trauma

These findings illustrate the need for increased awareness among mental health professionals of the strong and complex relationship between substance abuse and traumatic stress..

Considerations

- Successful treatment of adolescents with co-occurring traumatic stress and substance abuse therefore requires interventions that address the challenges of both disorders. Failure to provide such comprehensive treatment may significantly impair these teens' likelihood of long-term recovery.

Considerations

- In the absence of coping strategies to manage distress associated with trauma, adolescents with co-occurring disorders are more likely to relapse and revert to maladaptive coping strategies than teens with substance abuse alone:

Considerations

- Teens battling the effects of traumatic stress and substance abuse need to acquire coping skills to manage the distress associated with either type of problem. Improvements in the ability to manage substance abuse cravings, for example, may enhance the youth's readiness to learn how to manage trauma and loss reminders.

Considerations for Peer Partners and Counselors

- The number of needs met within the culture of addiction increases with the duration of involvement, thus intensifying one's affiliation and loyalty to the culture
- Treatment of addiction and the inclusion of peer support services must immediately provide alternative experiences that meet the same psychosocial needs that initiated and sustained AOD use

Considerations for Peer Partners and Counselors

- Successful treatment and recovery must provide a long-term pathway to another lifestyle that can help the person served realistically meet these same needs
- Any unmet needs of the person served which were previously met in the culture of addiction, constitute a stimulus for return/re-occurrence of use

Considerations for Peer Partners and Counselors

- Continue to read and ask questions
- Keep your knowledge fresh, do not become stagnant or rest on your laurels the addict will present differently every 5 years or so.
- With more knowledge, skills and interventions increase.
- All knowledge does not come from books, trainings or universities, it comes from the experiences of life - yours and others – respect it

Bibliography

- Bandura, A. (1977). The Anatomy of Stages of Change [Editorial]. American Journal of Health Promotion, 12, 8-10
- DiClemente, C.C., & Prochaska, J.O. (1998) Toward a comprehensive, trans-theoretical model of change: Stages of change and addictive behaviors. In W.R. Miller & N. Heather (Eds.), Treating addictive behaviors (2nd ed., pp.3-24). New York: Plenum Press.
- Prochaska and DiClemente: Stages of Change Model from
- http://www.cellinteractive.com/ucla/physician_ed/stages_change.html
- White, William Pathways from the Culture of Addiction to the Culture of Recovery, Center City, MN. Hazeldon (1996)