

## Breaking Down the Barriers *An Overview of Youth and Substance Abuse Issues for Prosecutors*

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**Author's Note:** *This article is the first in a series designed to provide prosecutors with an overview of the critical role they play in cases involving youth with substance abuse issues. Subsequent articles will go into more detail on the various topics discussed below, including screening and assessment, drug courts and long-term monitoring and recovery support.*

**WHILE EXPERIMENTING** with drugs and alcohol may have long been considered a rite of passage from adolescence into early adulthood, the average age of onset for alcohol or other substance use of adolescents entering addiction treatment is now below the age of 13.<sup>1</sup> A report from the Substance Abuse and Mental Health Administration (SAMHSA) revealed that in 2008, approximately 23,770 substance abuse treatment admissions were adolescents aged 12 to 14. Among these admissions, the two most frequently reported primary substances of abuse were marijuana (63.0 percent) and alcohol (20.8 percent).<sup>2</sup> This lowered age of exposure is particularly evident in populations of adolescents entering the justice and treatment systems and is considered

one of the most significant drug trends of the past decade.<sup>3</sup>

Alarming news, yet not surprising to prosecutors and other professionals working in the field of juvenile justice, where a strong positive association between youths' drug use and crime has been well established. Nearly 80 percent of juvenile offenders between the ages of 10 to 17 in juvenile justice systems are under the influence of alcohol or other drugs while committing their crimes, test positive for drugs, are arrested for an alcohol or drug offense, admit having a substance use or addiction problem, or share some combination of these characteristics.<sup>4</sup> The reality is that most juvenile court prosecutors are confronted with issues relating to youths' substance use on a daily basis.

Having served as a prosecutor in the Manhattan District Attorney's office for 14 years, I know that the role of the prosecutor is a critical one. As the gatekeeper to the system, the district attorney remains one of the most powerful decision-makers in the criminal justice system. That power is amplified in juvenile court, where

the role of the prosecutor is expanded and involves intensive coordination and collaboration with other child-serving agencies across systems, such as child welfare, mental health, and education. From making decisions on diversion, to recommending treatment alternatives and sentencing dispositions, prosecutors in juvenile court are perhaps some of the most influential people in a young person's life. With that power comes an increased responsibility.

Since the justice system is the largest referral source for adolescent substance users (accounting for 55 percent of male admissions and 39 percent of female admissions to substance use programs<sup>5</sup>) prosecutors must have a clear understanding of substance use, abuse and dependence, the consequences of substance disorders, along with the latest research as to how to effectively deal with these issues.

## **BARRIERS**

The problems surrounding substance abuse and young people are not new, but have remained a national problem because significant barriers have stood in the way of addressing this issue effectively. The very fact that this issue spans different disciplines accounts for some of the problems that we face. Very often, those in the different youth serving systems and fields operate under different mindsets and utilize different areas of expertise. Working in silos and operating independently of each other (even sometimes speaking different "languages") has prevented this problem from being approached in a unified manner.

Another tremendous barrier is that of public perception. A mistaken, yet commonly held view among young and old alike, is that youth cannot

possibly be alcoholics or drug addicts—they are too young! Drinking and drug use are often seen as a normal part of adolescence and a "rite of passage." Additionally, so many people are frightened by the stigma associated with addiction, and will turn a blind eye to the issue. No matter how far we come in identifying addiction as a disease, there are still those in the community who view this as a sign of moral weakness or failure. Many choose to ignore the problem instead of seeking a solution.

## **SUBSTANCE USE "DISORDERS"**

While many young people experiment with drugs and/or alcohol, not every young person who comes into the juvenile or criminal justice system is on the trajectory toward dependence. There are, however, many youth who need early intervention or treatment, and others who are already exhibiting full-blown signs of addiction. For most prosecutors, distinguishing between use, abuse, and dependence was never covered in law school but are decisions that they routinely confront. The emergence of evidence-based screening and assessment instruments now assist in the early identification of those who may be in need of early intervention or treatment.

Some of the most critical risk factors are related to the age at onset of regular use, atypical tolerance, and a family history of addiction. Research has shown that those who begin drug use before age 15 are six times more likely to develop adult symptoms of dependence.<sup>6</sup> Studies on brain development have revealed that the brain is growing and developing from birth until the early 20s. During this critical time, alcohol and drugs can have a tremendous impact on the production of necessary neurotransmitters. For example, it takes only 6-18 months

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for dependency to take place and may severely impact a young person's emotional development; conversely, with adults, dependency normally takes place in about 5-10 years and only minimally hampers emotional development.<sup>7</sup>

Adolescents also tend to use a combination of drugs, which also effects neurotransmitters and can fuel brain damage. This results in the need to use increasing amounts of drugs in order to get the same desired effect, which in turn, also contributes to the rapid development of addiction. Stimulant drugs appear to be another cause of rapid progression of substance use dependency in adolescents. Because these drugs tend to cause dopamine to be released in very large amounts, tolerance develops quickly and the user begins to lose the ability to experience pleasure unless they are intoxicated.<sup>8</sup> The chemical changes produced by drugs and alcohol in a young person's brain also account for the high rate of relapse among this community.

#### **DRUG COURTS/TREATMENT/RECOVERY**

The emergence of juvenile drug courts began in the 1990s based upon a premise of more intensive assessment, monitoring, and treatment. While relatively few researchers have examined the effectiveness of drug courts for juvenile offenders, several treatments have shown successful outcomes. These include Multi-systemic Therapy, Cognitive-behavioral Therapy and Motivational Enhancement. Additionally, this growing body of research indicates that family-involved treatment is also effective in both reducing subsequent use and subsequent offending.<sup>9</sup>

The focus of the research has also expanded beyond the traditional areas of prevention, identification, and treatment. Including concepts such as recovery and 12-step programs have been significant and important steps forward.<sup>10</sup> In order to effectively deal with the issue of young people and substance abuse, there needs to be a change in the way we look at the matter—and extend that focus to include recovery.

#### **WHERE DO WE GO FROM HERE?**

On the front end, we need to continue our prevention efforts. As community leaders, prosecutors must share this information with the public—especially with youth and their families. Raising awareness on the true extent of the problem allows young people and their parents to recognize the true consequences that drug use may expose them to. Equally critical is sharing this information with other child-serving agencies that we work with—medical professionals, schools, etc. This will better enable the

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issue to be confronted on the front lines. SAMHSA's Treatment Episode Data Set (TEDS) report confirms that we need to get the message out before kids start—at the elementary school level.

Early intervention strategies are another critical component of a comprehensive strategy. Since many kids will experiment, it is critical that we make the best decisions with regard to whether we are dealing with kids who are abusing or dependent and make sure that the responses fit the individual needs of the youth. To put a youth who does not have a problem into treatment is a waste of resources and may actually adversely affect the youth. Of course, this means incorporating evidence based decision making into our daily practices and utilizing the most up

*(Continued on page 42)*

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**Course Schedule:** Registration starts at 4 p.m. Sunday, April 22 ending at 6 p.m. Registration will also be held Monday, April 23 from 8:30 a.m. – 9:00 a.m. The course begins at 9:00 a.m. Monday April 23 and the Course concludes Friday, April 27 at noon.

**If you have any questions,** please feel free to call the office at (703) 549-9222 or email [amandavia@ndaa.org](mailto:amandavia@ndaa.org).



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to date screening and assessment devices.

For those kids who are already addicted to drugs or alcohol, we not only need to tailor our response to their specific issues, but also recognize that addiction can be a chronic condition and relapse is common. We need to look beyond treatment and incorporate recovery principles into our protocols. For those who have been diagnosed with substance use disorders, treatment alone will probably not be the answer. Treatment is a short-term intervention—but if a young person who is chemically dependent is truly going to change—recovery is a much bigger and important part of the picture. Having courts recognize the importance and effectiveness of “sober support” groups and a diverse array of recovery support services for both young people and their family members is an essential concern that must be addressed.

## CONCLUSION

Substance use disorders among America’s youth are a national problem with tremendous consequences that move beyond the individual youth and affect every community in our country. Fortunately, research and innovative programs are offering new hope in this field. We are truly at a new frontier in terms of helping young people get sober and stay sober—we just need to make it a priority.

It is a time to look at the big picture—which starts with prevention, includes treatment, but also extends to what happens after treatment. Quite frankly, for those with substance use disorders, what happens after treatment will have more impact on their lives than what happens in treatment. Getting sober is one thing, but staying sober is quite another. Recovery happens in the community and attention needs to be paid to those people and their families and toward the development of community-based resources that can help young people stay sober. If not, the problems will continue.

Prosecutors are civic leaders who have a powerful voice in their communities. With the evolution of diversionary, community-based practices, drug courts and innovative probation strategies, prosecutors have the opportunity to play a pivotal role in the courtroom—as well as beyond, through prevention and continuing care

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efforts throughout their community. By working together with families, schools, medical professionals, and treatment providers, prosecutors can make an impact that truly brings about lasting and positive changes for these young people in their communities. No longer are these approaches considered “soft on crime”—they are “smart on crime.”

- <sup>1</sup> <https://www.facesandvoicesofrecovery.org/pdf/White/ChildAdolescents.pdf>. Last accessed: Oct. 14, 2011.
- <sup>2</sup> The TEDS Report: Substance Abuse Treatment Admissions Aged 12 to 14. (May, 3, 2011) Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA).
- <sup>3</sup> White, W., Dennis, M. & Godley, M. (2002). Adolescent substance use disorders: From acute treatment to recovery management. *Reclaiming Children and Youth*, 11(3), 172-175.
- <sup>4</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *Criminal Neglect: Substance abuse, juvenile justice and the children left behind*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- <sup>5</sup> Laurie Chassin. (2008) Juvenile Justice and Substance Use. *The Future of Children*, 18(2), 165-183.
- <sup>6</sup> White, W., Dennis, M. & Godley, M. (2002). Adolescent substance use disorders: From acute treatment to recovery management. *Reclaiming Children and Youth*, 11(3), 172-175.
- <sup>7</sup> Gust, D. and Smith, T. (1994). *Effective Outpatient Treatment for Adolescents*. Florida: Learning Publications, Inc.
- <sup>8</sup> National Institute of Drug Abuse. (March 2011) NIDA InfoFacts: Understanding Drug Abuse and Addiction. Available at: <http://www.drugabuse.gov/PDF/InfoFacts/Understanding.pdf>
- <sup>9</sup> Chassin, L., Knight, G., Vargas-Chanes, D., Losoya, S., Naranjo, D. (2009). Substance Use Treatment Outcomes in a Sample of Serious Juvenile Offenders. *Journal of Substance Abuse Treatment*, 36(2), 183-194
- <sup>10</sup> Kelly, J.F et al., Can 12-step group participation strengthen and extend the benefits of adolescent addiction treatment? A prospective analysis. *Drug Alcohol Depend.* (2010), doi: 10.1016/j.drugalcdep.2010.02.019