

Arrested Development:
Substance Abuse and Mental Illness Among
Juveniles Detained in New York City

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The Vera Institute of Justice, in partnership with the New York City Department of Juvenile Justice, has developed a unique treatment model for young offenders with serious substance abuse problems, adolescents who typically take drugs at least thirty times a month. The program is designed to begin treating these heavy users as soon as they enter detention and to continue treatment as they pass through various city and state juvenile justice agencies and for six months once they return home. By making the intervention portable, able to move with the person instead of being tied to an agency, we hope to eliminate the interruptions in care that can retard progress teenagers make in drug treatment.¹

Although New York City detains some 5,000 teenagers every year, there is little reliable information on the rate of substance abuse and other mental health disorders among this group of kids—problems that can cause or exacerbate delinquency and crime. Nationwide, the best available information comes from a study of about 1,800 adolescents detained in Chicago, where 46 percent met clinical criteria for substance abuse and dependence.² Sixty percent of these substance abusers also experienced affective, anxiety, and/or disruptive behavior disorders. When we asked the researchers in Chicago to adjust their data to match the demographics of New York City’s juvenile detention population, they predicted similar rates of substance abuse and other mental health disorders among kids detained here. Moreover, their data suggest that about twenty percent of kids detained in Chicago and New York City are heavy users, precisely the kids Vera’s treatment model is designed to help.

We recently supplemented that data with a small study of adolescents confined at Bridges, the intake center for juveniles entering detention in New York City. We interviewed 27 teens, using the *Global Appraisal of Individual Needs (GAIN)* and informal conversations to identify kids who use drugs and to explore this problem in the context of other mental health problems and related life experiences.³ All but five of them were 15 or 16 years old at the time of the interview. Most, eighty percent, are male. Slightly more than a half are African-American, and about a fifth are Hispanic. In general, the kids we interviewed were less likely to be detained pending the resolution of new charges than to be waiting for a bed in an state-run facility, held on an outstanding warrant, or confined for violating probation. Several of these kids had been transferred from other facilities or alternative-to-detention programs because Bridges provides more security. While ours is not a representative sample and the findings are not statistically

¹ For more information about the model, see Jean Callahan and Tino Hernandez. *Portable Drug Treatment for the Juvenile Justice System*, a draft program plan (New York: Vera Institute of Justice, December 2000).

² Linda Teplin, “Study of Detained Juveniles in Cook County, Illinois,” preliminary results of an unpublished study, 1999. The paper is available from Dr. Teplin at Northwestern University.

³ Prior to conducting each interview we obtained consent from the juvenile and his or her parents. Most of the kids we interviewed said they felt no need to lie and believed their peers would also answer our questions honestly. We feel we generally got truthful and thoughtful answers, and that most kids enjoyed talking with us.

significant, the results are interesting given the general scarcity of substance abuse and mental health information about kids in detention.

Substance abuse

Of the 27 kids we interviewed, 14 met the clinical definition of either substance abuse or dependence—most for abuse since dependence is a more serious condition.⁴ Among them we discovered six heavy users, kids who had consumed alcohol or drugs at least thirty times during the month prior to their arrest and, with one exception, were diagnosed with substance dependence. The other heavy user was diagnosed with substance abuse. The incidence of heavy use in this small study is compelling because it supports our prediction, based on the Chicago data, that about twenty percent of kids detained in New York City are heavy users.

All six of these juveniles are boys who were fifteen at the time of the interview. Only one of them identified as white. The others identified as Puerto Rican, African-American, Hispanic, Trinidadian, and American. Based on the legal records available us, only one of the boys had been detained on a new charge.⁵ One boy was waiting to be transferred to a state facility, and the other four had violated probation.

All the heavy users identified marijuana as their favorite drug, and only two of them said they had consumed alcohol within the past ninety days. In addition to marijuana, four of these boys said they had taken acid or other hallucinogens, and one boy said he had used cocaine, inhalants, anti-anxiety drugs or tranquilizers, and Phenobarbitals. When asked about their consumption habits over the previous ninety days, all six said they had taken alcohol or drugs outdoors. Five of boys reported using alone on occasions, and five boys said they had taken drugs with a sexual partner. Three of the heavy users said they had taken drugs in the company of a dealer. Only one reported using drugs with a family member. Five of the heavy users said they had been in a treatment program at least once. In fact, a judge had sent one of them to Bridges for missing treatment sessions. Two of the boys had been treated in a standard outpatient program; two had

⁴ The American Psychiatric Association defines substance abuse as “a maladaptive pattern of substance use leading to clinically significant impairment or distress,” manifested over a twelve month period by one or more of the following: (1) recurrent use resulting in failure to fulfill major obligations; (2) recurrent use in physically hazardous situations; (3) recurrent substance-related legal problems; and (4) persistent use despite continuing problems exacerbated by the effects of the substance. A diagnosis of dependence is appropriate where three or more of the following are manifested over a twelve month period: (1) increased tolerance; (2) withdrawal; (3) taking a substance in larger amounts or over a longer period than intended; (4) having a persistent desire or making unsuccessful efforts to cut down; (5) spending a great deal of time obtaining, using, or recovering from use; (6) giving up or reducing important activities as a result of substance use; and (7) continuing to use despite knowing the problems it causes. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, (Washington, D.C.: American Psychiatric Association, 1994).

⁵ Findings presented in this paper about legal status and reason for detention are not conclusive since we did not have complete information for everyone we interviewed.

received more intensive outpatient treatment; and one had been treated in a residential facility.⁶

Thirty-seven percent of the kids we interviewed, including three of the heavy users, identified a blood relative with a history of alcohol or drug abuse. But only four kids reported sharing a house with someone over the past year who had ever been in drug or alcohol treatment. And only three kids said they lived with someone who had used illicit drugs in the past ninety days. Kids who live with adult addicts do not appear to be more likely to abuse drugs themselves: only one of the six kids identified as a heavy user reported sharing a house with an adult drug abuser.⁷ Peers, on the other hand, appear to have a greater influence on drug use. Thirty percent of all the kids we interviewed, including three of the heavy users, said that most or all of their friends had taken drugs in the past ninety days.

Most of kids we interviewed said there is a lot of talk about drugs in detention, mostly marijuana, but that kids also discuss harder drugs, such as ecstasy and cocaine. Some of the kids who have or currently use drugs recognize the problems it causes and the benefit of treatment: “I used to smoke a lot, almost everyday, but I stopped on my own because my mom didn’t like it, and it causes people to commit crimes...they want money to buy drugs.” “Smoking messes with my mind and makes it harder to concentrate in school.” “Most of the time when I’m doing crimes, I’m high. [Treatment] would stop me from smoking weed, or help me cut down.”

Of course not all kids who use marijuana think they need treatment. Even one parent we spoke with was not concerned about her son’s marijuana habit. While many kids did not perceive marijuana as a problem, they typically expressed great disdain for “crackheads.” While some kids admitted to selling crack and powder cocaine, they said they would never use it. One boy who had seen his father use crack said he did not want to turn out like that.

Other mental health problems

About half the kids we interviewed, including five of the six heavy users, scored high on the GAIN’s General Mental Distress Index, which includes questions about physical problems, depression, suicidal and homicidal thoughts, and anxiety. The teens diagnosed with substance abuse or dependence tended to score higher than the other juveniles we interviewed, and three of the six heavy users had the highest Index scores. The GAIN does not include sub-scales for depression and anxiety, so we could not identify kids who met clinical criteria for depression or anxiety disorders. However, nearly half the kids we interviewed agreed that they feel “very trapped, lonely, sad, depressed, or hopeless about the future.” And close to a quarter met five out of six symptoms for depression. A third of

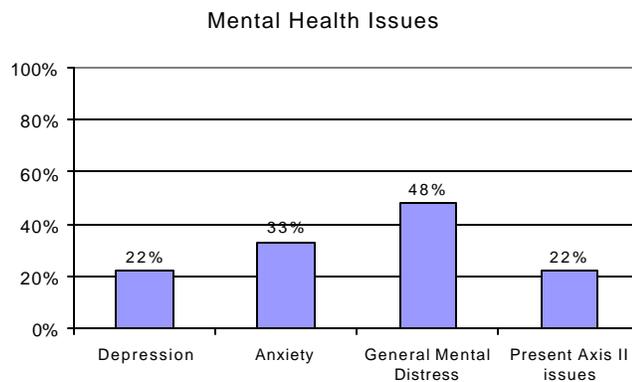
⁶ We are not fully confident in these findings because the people conducting the interviews coded responses to this question differently.

⁷ One of the six heavy users was not asked this question.

the kids reported four or more symptoms of anxiety, which is significant considering the serious nature of the questions asked, such as: “In the past year, have you had significant problems with avoiding snakes, the dark, being alone, elevators, or other things because they frightened you?” Another question inquires about significant problems “seeing or hearing things that no one else could see or hear, or feeling that someone else could read or control your thoughts?”

The GAIN also includes questions designed to flag kids who may have more serious Axis II psychiatric problems, such as mental retardation, paranoia, schizophrenia, borderline personality, and antisocial, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive behavior disorders. Nearly a quarter of the kids we interviewed, including two of these six heavy users showed signs of an Axis II disorder.

It is more difficult to accurately identify the rate of conduct disorder and attention deficit hyperactivity disorder (ADHD) among detained adolescents. Overall, 44 percent of the kids we interviewed, including four of the six heavy users, met clinical criteria for conduct disorder and 26 percent, including two heavy



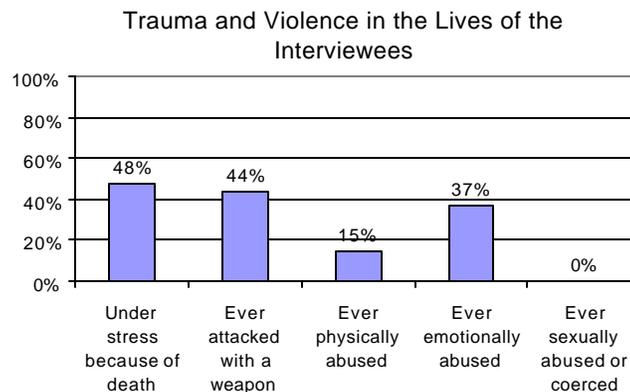
users, for ADHD. Everyone diagnosed with ADHD also was diagnosed with conduct disorder. These findings probably underestimate the actual rates of conduct disorder and ADHD because some of the kids we interviewed did not have an opportunity to answer specific questions about conduct disorder and ADHD since they responded negatively to the question designed to trigger other, more specific questions.⁸ Looking only at the kids who answered all the questions about these disorders, 80 percent met criteria for conduct disorder and 47 percent for ADHD. While it is unfair to draw direct comparisons between the Chicago data and this unrepresentative sample, it is interesting to note that the Chicago researchers predicted that between 38 and 42 percent of kids detained in New York city would have conduct disorder and eight percent ADHD.

Trauma and violence

Almost half the kids we interviewed said they had experienced stress in the past year related to the death of a family member or close friend. Reports of victimization were

⁸ The trigger question is, “When was the last time (if ever) you had any problems paying attention, controlling your behavior or broke rules you were supposed to follow?” Kids who did not understand the question or see their own problem behavior within this definition, did not have a chance to answer more precise questions designed to identify conduct disorder and ADHD. For example, two kids identified as heavy users did not have an opportunity to answer the questions about conduct disorder, and two did not answer the questions about ADHD.

also common. At least once in their lives, forty-four percent had been attacked with a gun, knife, stick, bottle, or other weapon. Fifteen percent said they had been physically abused in other ways, and 37 percent reported some emotional abuse. No one we interviewed said they had been a victim of sexual coercion or abuse. The heavy users were more



likely than the group overall to report attacks against them involving a weapon (66 percent compared with 44 percent) and physical abuse (33 percent compared with 15 percent). We do not know where this violence occurred—how it was distributed across families, schools, neighborhoods, and other environments.

Social support

Most of the kids we interviewed, 78 percent, said they were “considerably” or “extremely” satisfied with their family relationships. Similarly, all but one adolescent rated their overall level of social support—from family, friends, and professionals—as high. At the same time, nearly half the kids we met, 44 percent, said they were “not at all” satisfied with their ability to cope with problems or with the help they receive from family, friends, and professionals. One boy we interviewed told us that kids take drugs and commit crimes to get attention. “They want attention, and aren’t getting it at home.” He believes that after-school programs help kids stay out of trouble.

Many of the kids reported having problems learning at school. Gangs in school were frequently mentioned as a disruptive influence and a source of fear. And many of the kids said they have few if any friends from school. One child said he preferred the school in his alternative-to-detention program because the teachers were nicer and the classes were smaller, and thus it was a better learning environment. Consistently, the kids we interviewed described boredom in their lives. As one person said, “There’s nowhere to go. There’s one park, but it’s all beat up, and we have no jobs.”

Conclusion

These findings underscore the need for mental health and drug treatment services for children in the juvenile justice system. Although we conducted our interviews in New York City, juvenile justice systems all over the country struggle with meeting the need for appropriate treatment options for these children. In balancing public safety issues with the needs of this population, we must find ways to provide flexible, innovative services that target this vulnerable population and prepare them to return to their communities.