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From the Administrator

The link between juvenile substance abuse and delinquency is well established. Unfortunately, youth are beginning to use alcohol and drugs at younger ages and increasing their use as they grow older.

This OJJDP Bulletin provides an overview of substance testing, describes the major indicators of the need for such testing, and summarizes the research on recent trends in substance abuse. The consequences of juvenile substance abuse are considerable, including the social, emotional, and economic costs documented in this publication. The Bulletin also provides several examples of substance abuse testing within the juvenile justice system.

The authors recommend an approach more fully detailed in *Ten Steps for Implementing a Program of Controlled Substance Abuse Testing of Juveniles*, a companion Bulletin in the JAIBG Best Practices series. I commend both these Bulletins to your consideration.

John J. Wilson
Acting Administrator

OJJDP

Developing a Policy for Controlled Substance Testing of Juveniles

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This Bulletin is part of OJJDP's Juvenile Accountability Incentive Block Grants (JAIBG) Best Practices Series. The basic premise underlying the JAIBG program, initially funded in fiscal year 1998, is that young people who violate the law need to be held accountable for their offenses if society is to improve the quality of life in the Nation's communities. Holding a juvenile offender "accountable" in the juvenile justice system means that once the juvenile is determined to have committed law-violating behavior, by admission or adjudication, he or she is held responsible for the act through consequences or sanctions, imposed pursuant to law, that are proportionate to the offense. Consequences or sanctions that are applied swiftly, surely, and consistently, and are graduated to provide appropriate and effective responses to varying levels of offense seriousness and offender chronicity, work best in preventing, controlling, and reducing further law violations.

In an effort to help States and units of local government develop programs in the 12 purpose areas established for JAIBG funding, Bulletins in this series are designed to present the most up-to-date knowledge to juvenile justice policymakers, researchers, and practitioners about programs and approaches that hold juvenile offenders accountable for their behavior. An indepth description of the JAIBG program and a list of the 12 program purpose areas appear in the overview Bulletin for this series.

This paper examines practices for implementing a policy of controlled substance testing for appropriate categories of juveniles within the juvenile justice system (program area 12). The Conference Report through which the U.S. Senate and House of Representatives reached agreement regarding the JAIBG program and other issues funded within the legislation states:

> . . . no State or unit of local government may receive a grant under this program unless such State or unit of local government has implemented, or will implement. . . a policy of controlled substance testing for appropriate categories of juveniles within the juvenile justice system and funds received under this program may be expended for such purpose. . . .

Overview of Substance Testing

Scientists have been able to test for drugs for many years. Early chromatography processes were developed around 1900, but their application to testing urine for

drugs did not occur until the 1960's. In the 1970's, immunoassay technologies were developed. Spurred by rising rates of drug use in the 1970's and 1980's, drug testing in the criminal and juvenile justice system evolved. The first use of urinalysis to assess the drug status of people in jail was reported in 1977 (Mieczkowski and Lersch, 1997).

Within the past 20 years, both the technology for drug testing and the perceived need for it have expanded markedly. Drug testing now is used throughout all components of the criminal and juvenile justice systems. However, it is not applied consistently; that is, the purpose for testing and the extent of its application in justice programs vary. In general, juvenile justice agencies have not employed drug testing to the degree that it has been used in the adult criminal justice system.

With emerging technologies, changing levels and patterns of drug use, rising public concern, and growing political support, drug testing is increasingly used in juvenile justice (Mieczkowski and Lersch, 1997). Drug testing of juveniles can be used for several purposes, including the following:

- Identifying youth who are using alcohol and other drugs.
- Screening for the presence of substances that may pose a risk to the health and safety of a particular youth or others with whom he or she has contact.
- Assessing the risks and needs of youthful offenders and indicating whether there is a need for further evaluation and treatment for substance abuse or other services.
- Helping develop appropriate case plans for youth.
- Deterring the use of alcohol and other drugs by juveniles.
- Supervising and monitoring a youth's compliance with court conditions or program rules.
- Confronting youth who deny substance abuse or addiction.
- Determining which drugs are presently used by juveniles within the jurisdiction and discerning patterns and prevalence of use in various localities.
- Collecting evidence for prosecution or revocation. (This is rarely done in juvenile justice.)

To be effective for the selected purpose, drug testing must be administered correctly. This requires developing policies and procedures, training staff, and evaluating the program to ensure that it is appropriately implemented and legally defensible. This Bulletin provides a summary of key decisions and steps that must be taken to develop a program of controlled substance testing and select the appropriate categories of juveniles to test.

Major Indicators of Need for Substance Testing

The use of alcohol and other illicit substances is undeniably linked with delinquency among youth in the juvenile justice system (Bureau of Justice Statistics [BJS], 1992). Both income-generating crimes and violent offenses may be related to alcohol and other drug use by juveniles. Youth whose consumption of alcohol and other drugs goes beyond experimental or social use often need increasing amounts of the psychoactive substances and may resort to stealing, shoplifting, burglary, prostitution, and other income-producing crimes to purchase them.

Chemicals also affect behavior, sometimes leading to criminal conduct. Impaired judgment and aggressiveness are among the effects of alcohol and some other drugs. Behavioral consequences may include impaired driving, risky sexual activity, disorderly conduct, and violence.

Extent of Substance Abuse

Several national studies provide information about trends in alcohol and other drug use by youth and can be used for comparison with jurisdictional data.[1] The following summarizes recent trends in substance abuse among youth in the United States:

- Youth in the general population have reported steadily rising levels of alcohol and other drug use since 1992, but levels of use have not returned to the peak rates reported in the 1980's (Substance Abuse and Mental Health Services Administration [SAMHSA], 1998; Johnston, O'Malley, and Bachman, 1998).
- Youth are beginning to use alcohol and other drugs at earlier ages, and use increases steadily with age (SAMHSA, 1998; Johnston, O'Malley, and Bachman, 1998).
- As youth perceive that alcohol and other drugs are less harmful than they previously believed or their attitudes about the use of alcohol and other drugs become less negative, their use of these substances increases (SAMHSA, 1998;

[1] The Monitoring the Future study, supported by the National Institute on Drug Abuse, has surveyed high school seniors for more than 20 years; more recently, these surveys, in which a nationally representative sample of students answer questions about their alcohol and other drug use, have expanded to include college students and 8th and 10th graders (Johnston, O'Malley, and Bachman, 1998). Written questionnaires and interviewer-conducted surveys in participants' homes are used to gather data for the National Household Survey on Drug Abuse, sponsored by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), which is administered to a sample of Americans, ages 12 and older, who live in the general community (noninstitutionalized), have a permanent address, and are not on active military duty (SAMHSA, 1998). The Arrestee Drug Abuse Monitoring Program implemented by the U.S. Department of Justice, National Institute of Justice (NIJ), was conducted with male juveniles in 12 cities across the country in 1997. They were asked to voluntarily submit to urinalysis and an interview about their use of illicit drugs at the time of their arrest or detention (NIJ, 1998). A statistical analysis of drug offense cases in juvenile court from 1986 to 1995, funded by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, provides additional data regarding juveniles' involvement with alcohol and other drugs (Stahl, 1998).

Special Concerns About Treatment for Adolescents

Adolescent substance abusers are more difficult to treat than adult substance abusers. The pressures created by physical, hormonal, and emotional changes produce stressors that are magnified by typical adolescent developmental drives for individuality, separation, autonomy, and social acceptance. Lacking life experience, youth often have difficulty controlling their impulses or making appropriate decisions. Chemical dependence intensifies the behavior problems associated with adolescent development and simultaneously delays emotional development. Substance-abusing adolescents are frequently members of dysfunctional families in which there is no appropriate role model or support. An estimated 7 million children are growing up with at least one substance-abusing parent, and approximately 38 percent of all child abuse cases have parental substance abuse as a factor. These multiple disorders—mental, medical, and developmental—interfere with the progress and effectiveness of treatment. For that reason, the most successful treatment for any adolescent is based on an assessment of each contributing factor and is designed for that individual.

Just as services must be specialized for them, there are several pitfalls to avoid when planning a treatment program for adolescents, including the following:

- **Limiting assessment to substance abuse alone** and thus excluding the diagnosis of contributing disorders that may complicate or interfere with treatment.
- **Standardizing treatment** and not considering adolescent developmental stages or the specific needs created by the age, gender, ethnicity, and other disorders of the adolescent substance abuser.
- **Using adult criteria** for treatment services that do not consider the psychological and clinical needs created by the developmental stages of adolescents.
- **Ignoring the family's contribution** to the adolescent's addictive disorder and possible solutions that could strengthen the family unit. Family-focused services for adolescents have more successful outcomes than those that focus only on individual youth.

Note: This material is based on contributions from Roberta Messalle, Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment.

Source: Crowe, A.H., and Sydney, L. 2000. *Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Johnston, O'Malley, and Bachman, 1998).

- Among male youth entering the juvenile justice system in 13 cities across the country, between 40.3 percent and 68.7 percent tested positive for illicit drugs at arrest or booking according to the 1998 report of the Drug Abuse Monitoring Program (National Institute of Justice [NIJ], 1999).
- Male juveniles with drug offenses have the highest rates of positive urinalyses for illegal drugs, but property and violent offenses clearly are also linked to drug use (NIJ, 1998). Unfortunately, national data about substance abuse by female delinquents are not available.
- There was a sharp increase (145 percent) in drug offense cases in juvenile court between 1991 and 1995 (Stahl, 1998).
- In the Monitoring the Future study (Johnston, O'Malley, and Bachman, 1998), 12th graders reported use of psychoactive substances throughout their lives, and the most frequently reported substances used were:
  - Alcohol (81.7 percent).
  - Cigarettes (65.4 percent).
  - Marijuana/Hashish (49.6 percent).
  - Smokeless Tobacco (25.3 percent).
  - Stimulants (16.5 percent).
  - Inhalants (16.1 percent).
  - Hallucinogens (15.1 percent).

Although the prevalence of mental health and substance abuse disorders among youth in the juvenile justice system is largely unknown, research suggests that these problems are significantly greater for juvenile delinquents than for other youth (Bilchik, 1998). Applying the prevalence rates for youth in the general population to the approximately 848,100 youth annually involved in the juvenile court system when they developed their report, Otto and colleagues (1992) estimated the following:

- Fourteen to twenty percent, or 118,700 to 186,500 youth, have at least one mental disorder.
- Thirty-two percent, or 271,400 youth, have an alcohol abuse or dependence disorder.
- Eleven percent, or 93,300 youth, have a substance abuse or dependence disorder.

Consequences of Substance Abuse Among Youth

Youth who use alcohol and other drugs persistently face an array of possible consequences, including:

- **School problems.** A lowered commitment to education, declining grades, absenteeism from school and related activities, increased potential for dropping out, and higher truancy rates are linked to adolescent substance abuse (Hawkins, Catalano, and Miller, 1992). Students' cognitive and behavioral problems precipitated by alcohol and other drug use not only affect their own academic performance, but also may disrupt learning by their peers (BJS, 1992).
- **Health and safety consequences.** Accidental injuries, physical disabilities, diseases, and possible overdoses are among the risks for alcohol- and drug-using youth. Drug-related suicides, homicides, accidents, and illnesses may result in death for some youth. Alcohol-related traffic fatalities have declined for young drivers, but youth still are overrepresented in this area. The volume of drug-related hospital emergency episodes for youth ages 12 to 17 reported by the Drug Abuse Warning Network (Greenblatt, 1997), a national survey conducted annually by SAMHSA, rose steadily beginning in 1992 and peaked in 1995 at 60,881. A slight decline, to 59,072 emergency room episodes, was reported in 1996.

  Use of alcohol and other drugs increases the risk that youth will contract HIV or other sexually transmitted diseases. Injection of psychoactive substances with unsterile needles and other equipment is strongly associated with transmission of HIV. The effects of mood-altering substances, such as poor judgment and diminished impulse control, may result in youth being more likely to engage in unprotected sex. Diagnosed cases of AIDS are relatively low among teenagers compared with most other age groups; however, because there is often a long latency period between infection with the virus and the onset of AIDS symptoms, it is conceivable that many young adults with AIDS may have been infected with HIV as adolescents.
- **Peer relationships.** Youth who use alcohol and other drugs may be alienated from and stigmatized by their peers. They often disengage from school and community activities because of their substance abuse, depriving their peers and communities of the positive contributions they might otherwise make.
- **Social, developmental, and emotional consequences.** Youth who abuse alcohol and other drugs often experience depression, developmental lags, apathy, withdrawal, and other psychosocial disorders. Substance-abusing youth are at higher risk for conduct problems, depression, suicidal thoughts, attempted suicide, completed suicide, and personality disorders. Marijuana use has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual development also may be impaired by marijuana use (BJS, 1992).
- **Family Issues.** Substance abuse also jeopardizes many aspects of family life and may both lead to and result from dysfunctional families. Siblings and parents are affected profoundly by youth involved in alcohol and other drug use. Substance abuse and its consequences may drain family financial and emotional resources (Nowinski, 1990; BJS, 1992).
- **Social and Economic Costs.** Monetary expenditures and emotional distress related to alcohol- and drug-related crimes by youth affect many others in the community. Often there is an additional burden for the support of adolescents and young adults who are not able to support themselves. Further, substance-abusing youth increase the overall demands for treatment of substance abuse and medical conditions (Gropper, 1985).

Increasingly, drug abuse and addiction are viewed as both health and social problems. Addiction is considered a chronic, relapsing disorder, characterized by the compulsion to seek drugs and use them despite negative consequences. Virtually all drugs of abuse have similar damaging effects on the brain, and prolonged use can cause extensive changes in brain function that will persist even after drug use stops. Because substance abuse and addiction result in changes in brain function, treatment must reverse or help the individual compensate for those changes. Often both medical treatment (e.g., medication) and behavioral treatment are required to intervene effectively with the substance-abusing individual (Leshner, 1998). Thus, a primary purpose of drug testing must be to identify youth who are abusing substances and help them receive appropriate treatment services to manage this chronic condition—just as communities, schools, and families would seek appropriate treatment for any other physical or mental condition that limits a youth's ability to realize a productive and satisfying future.

Key Elements of Implementing a Program of Substance Testing

Eight recommendations distilled from previous projects on drug testing in juvenile justice agencies provide an overview of the key elements of a successful program (Crowe, 1998):

- Program planning, development, and implementation should involve all potentially affected persons, including agency administrators,

Offsite or Onsite Testing

The testing process may be conducted in three ways:

- By using a certified laboratory.
- By using an onsite instrument operated by trained personnel.
- By using onsite noninstrument-based tests (small kits or handheld devices) at the point of contact with the youth.

Several factors should be considered when selecting the most appropriate process for a particular jurisdiction or program. Costs, staff training, and the time it takes to obtain results are some of the important areas to consider.

Laboratory Testing

Using a laboratory to complete the tests usually requires a contract for services. This demands excellent chain-of-custody procedures because the specimen and the results will leave the juvenile justice agency for processing. The agency and the laboratory should enter into a written contract specifying the laboratory's testing equipment, staff qualifications, chain-of-custody practices, and other procedures. The laboratory should have in place procedures for quality control to ensure the accuracy, validity, precision, performance, and reliability of the tests. Sending specimens to a laboratory will require a longer time to obtain results, but the turnaround time should be limited to 72 hours or less (Crowe and Schaefer, 1992). Usually, a commercial laboratory service will be used, but in some communities, there may be a possibility of obtaining services through a criminal justice or healthcare agency laboratory. Even if an agency plans to do initial testing onsite, a laboratory should be identified and contracted to perform any necessary confirmatory tests.

Onsite Instrument-Based Testing

Testing instruments can be purchased or leased for use at an agency for initial immunoassay tests. These instruments can test for one drug at a time or for a group of drugs. Staff who operate these machines must be trained and must follow the manufacturer's suggested procedures for operation. The instruments must be calibrated regularly as directed by the manufacturer to ensure test accuracy. Policies and procedures should include methods for monitoring each aspect of the testing process to ensure quality control. Further, safety precautions for conducting the tests should be incorporated in agency policies. Results should be available relatively quickly with this type of testing; however, sometimes it is more practical and cost-effective to run tests only when there are enough specimens to use all of the instrument's capacity (Crowe and Schaefer, 1992).

Onsite Noninstrument-Based Testing

Several manufacturers have developed portable test devices that are variously called kits, handheld tests, or point-of-contact tests. These tests can analyze for a single drug, and some are available that will detect several drugs at the same time. They are suitable for initial testing and provide qualitative results (the drug is present or not found in the sample). The cutoff levels for these tests are set by the manufacturers and usually are consistent with government and industry standards. Staff training is very important when using these devices. Manufacturer's instructions for operation should be strictly followed. An advantage of this method is the immediacy of results; tests can be performed while the youth watches. The tests also can be used outside the agency, such as on home visits. However, agencies should consider and develop protocols for all testing that include consideration of staff and youth safety (Crowe and Schaefer, 1992).

Note: For more information about these testing options, see "Contracting for drug testing services," "Establishing juvenile justice onsite instrument-based drug testing for initial drug testing," and "Establishing non-instrument-based drug testing" in *Drug Testing Guidelines for Juvenile Probation and Parole Agencies*, American Probation and Parole Association, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 1992.

Source: Crowe, A.H., and Sydney, L. 2000. *Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles.* Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

line personnel, key juvenile justice stakeholders, youth and family members, and community representatives. Interagency partnerships should be forged to provide the array of treatment and other services needed by substance-abusing youth.

- The agency's program purpose should complement its mission statement.
- There should be a clear rationale and procedure for identifying youth to be included in the program.
- The program must have written policies and procedures that all staff read, understand, and follow.
- When used on an ongoing basis, testing should be administered with sufficient frequency and randomness to

identify and deter continued substance abuse.

- Every use of drug testing should be followed by an intervention. Results of tests administered in detention before youth are adjudicated should be used for developing appropriate case plans. After adjudication, positive tests should be followed by treatment responses, graduated sanctions, or both. Negative tests should be followed by praise, rewards, and encouragement. Interventions should be appropriate for the developmental stage of the youth and tailored to individual case plans.
- Staff involved in the program should receive ongoing training.
- Ongoing program evaluation should be conducted, and the information obtained from the evaluation should be the basis for decisions about the future direction of the program. Currently, juveniles are underserved in drug treatment.

Major Steps for Program Implementation

A 10-step process, shown in figure 1, is recommended for development and implementation of a substance-testing program. Although these steps are presented independently, in practice they are likely to overlap, with final determinations of program policies and procedures at one step contingent on other decisions. A companion JAIBG Bulletin, *Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles* (Crowe and Sydney, 2000), presents an indepth discussion of the 10 steps.

Potential Impact on Juvenile Justice System Components

A substance-testing program in juvenile justice agencies has both positive and problematic ramifications. The program allows agencies to know with greater certainty the drug-using activities of youth they serve. It allows monitoring of these activities and can be used with graduated sanctions to coerce abstinence. It helps juvenile justice practitioners identify youth who need substance abuse treatment and provide them with more appropriate referrals. Such a program also helps agencies document the need for treatment in communities where it is not yet available.

Substance testing also has the potential to increase demands on the juvenile justice system. When monitoring youth on probation or in aftercare for substance abuse, it is likely that positive test results will occur. Depending on policies for use of results, this may lead to identifying more youth for technical violations and thus greater caseloads for juvenile courts and agencies.

Cost is another area in which juvenile justice components will be affected. Substance testing involves significant expense for staff, supplies, tests, training, and other costs. On the other hand, there is the potential for a substance-testing program to save money in the long run. If substance abuse is identified as a problem and youth are able to enter recovery and maintain abstinence through treatment, they are less likely to cycle through the system multiple times. Identifying youth who need treatment and obtaining it for them may save money in misused correctional programs. An agency that is correctly identifying substance-abusing youth, properly running a substance-testing program, and continually evaluating the program will be credible in the eyes of youth, families, the community, courts, and peer agencies.

Potential Impact on Accountability of Affected Youth

Untreated youth substance abuse is an increasing problem. A testing program helps identify youth with drug-using habits that need to be addressed with treatment and graduated sanctions.

Figure 1: Steps for Developing a Substance-Testing Program

1. Involve key stakeholders.
2. Determine program purpose.
3. Investigate legal issues.
4. Identify youth to be tested.
5. Select methodology.
6. Decide how to use results and arrange for adequate and appropriate treatment.
7. Develop written policies and procedures.
8. Obtain funding.
9. Develop staff.
10. Evaluate the program.

An effective testing program can help youth abstain from drug use.

Proponents of restorative justice conceive of accountability as the obligation to amend the harm caused to victims and the community by a youth's delinquent actions. By properly identifying youth whose delinquency is associated with drug use, agencies can help them understand the harm they have caused, not only to themselves, but to others. Youth should be involved in paying restitution, with money or services, to their victims. For example, projects

such as cleaning areas where teen parties involving alcohol and other drugs have taken place may help juveniles understand in concrete terms how substance abuse diminishes the quality of life for an entire community.

Program Examples

The following descriptions provide examples of substance-testing programs in a variety of juvenile justice agencies. Many of these programs are still working to improve their testing protocols and have set goals for changes that will further benefit the youth they serve. A list of contacts for these programs is contained in the "For Further Information" section of this Bulletin.

Juvenile and Family Drug Courts

One evolving strategy for working with substance-abusing youth and their families is the use of juvenile and family drug courts. Although adult drug courts have been in existence longer, the first juvenile drug courts were developed in 1995. A juvenile drug court focuses on delinquency and status offenses that involve substance-abusing juveniles. Youth usually are referred to these courts after adjudication. Family drug courts handle custody, visitation, abuse, neglect, dependency, and other types of cases that involve parental rights and substance abuse issues. These courts provide immediate intervention with youth and family members who use drugs and for children exposed to substance abuse by family members. The courts provide structure and support in the lives of the participants by doing the following (Drug Court Clearinghouse and Technical Assistance Project [DCCTAP], 1998):

- Providing opportunities for youth to be clean and sober.
- Supporting youth in resisting further criminal behavior.
- Encouraging positive school performance and constructive relationships.
- Developing skills for leading productive, substance-free, and law-abiding lives.

Juvenile drug courts are structured to encourage youth to take responsibility for their actions. The courts employ positive rewards and incentives for compliance and negative sanctions for noncompliance. Consistency and predictability are stressed. These courts often have the authority to compel the parents of youth in the program to be involved in their child's rehabilitation. However, judges have found persuasion is often more effective than coercion. Juvenile and family drug courts also stress treating children and families holistically and responding sensitively to issues of cultural diversity (DCCTAP, 1998).

Substance Testing in Juvenile Detention Facilities

The following two programs were initiated in 1993 with the support of the American Correctional Association through an OJJDP-funded project.

Madison County Juvenile Court Services, Jackson, TN. In 1993, Madison County Juvenile Court Services received assistance from an American Correctional Association project to develop a drug-testing program in the juvenile detention center. The facility has 7 secure bedrooms and serves 18 rural counties between Memphis and Nashville.

Youth are tested at the time they are brought to the detention center. The program also conducts random testing of youth in community-based programs. The program routinely tests for marijuana and cocaine. However, youth are tested for a broader spectrum of five drugs approximately four times a year to determine if any new drugs are being used by juveniles in the area. Specimen collection is observed, and tests are performed onsite using a test kit.

When youth in the detention center test positive, professional drug and alcohol assessments are arranged to determine their treatment needs. The juvenile court judge also may use the information to make decisions about the disposition of the case (Dooley, 1994). For youth in the community who test positive, sanctions may be applied by probation officers.

A policies and procedures manual provides detailed steps for the chain of custody of specimens. Consent forms are signed by both the youth and a parent when a youth in a community placement is tested. The program maintains a log of test procedures, has forms that must be completed, and keeps test results for 5 years. The supervisor confirms each test reading. Inconclusive tests are counted as negative, but parents are advised to have the youth tested again.

In this rural area, treatment resources are limited. Referrals are made to one intensive outpatient program. On occasion, youth may be committed to the State to secure the financial resources for needed treatment.

This program has enjoyed the support of staff and the family court judge. The Juvenile Court Services Agency pays for the cost of testing.

Marion County Juvenile Detention Center, Marion, OH. This midsize facility houses 38 youth at a time and serves 2,600 youth each year. All youth who enter the facility are tested during the admission process. Chain-of-custody procedures include labeling specimens at collection, logging all movement of specimens, and storing them in a refrigerator until tested.

Although the program at one time tested for additional substances, it now limits testing to marijuana and cocaine because of funding restraints. All staff are trained to collect specimens during their initial orientation, and testing is done onsite by two staff members specially trained to operate the testing instruments. There is a checklist of procedures for staff to follow.

The testing instrument is calibrated before each use, and tests are processed twice per week. If a specimen is positive, it is examined a second time using the same test. If positive results are obtained, the judge and probation officer are notified, but the detention facility does not impose consequences beyond treatment. Referrals for treatment for juveniles released from the program but under the supervision of the court are made by probation officers. The Juvenile Detention Center pays for testing using agency resources and "Reclaim Ohio" funds.[2]

Substance Abuse Testing in Probation Programs

The following two programs began in 1993 and were initially supported by the American Probation and Parole Association through an OJJDP-funded project.

Westchester County Probation Department, White Plains, NY. Three juvenile probation units within the county do substance testing. They test youth only after adjudication and when ordered by a judge. Youth are tested twice a month if they are on level I supervision and once a month if they are on level II or III supervision, although youth who are being tested by a treatment program generally are not also tested by probation.[3]

Specimen collection is observed, and testing is completed onsite in approximately 4 minutes with test kits. Chain-of-custody procedures are followed, results are documented in probation notes, and a log is kept of all test results. The department tests for marijuana, cocaine, amphetamines, PCP, and morphine. If confirmation tests are requested, the specimen is sent to a laboratory.

Results are used to leverage the youth into treatment and are shared with the youth, parents, and the court, as appropriate. A youth's refusal to attend treatment is considered a violation of probation.

At the time of hiring, staff undergo a lengthy Fundamentals of Probation Practice training course that includes information about substance abuse and testing. Supervisors also train staff in the specific use of the tests. Evaluation includes two case audits for each probation officer each month.

The probation department pays the cost of the test and collaborates with the local mental health agency to have counselors perform substance abuse evaluations before case dispositions.

Third District Juvenile Court, Central Probation, Salt Lake City, UT. All youth on probation in Utah are subject to testing at the discretion of their assigned probation officer. Youth are given a full panel test within 30 days of adjudication, and a thorough social and drug history is taken.

For the most part, specimens are collected and tested onsite using test kits. Some specimens, however, are sent to a laboratory. The substances tested for may include marijuana, amphetamines, cocaine, barbiturates, PCP, and alcohol, but youth are not necessarily checked for each of these every time they are tested.

Specimen collection is observed, and strict chain-of-custody procedures are followed. If a test is positive, it is repeated using either the same or a different onsite test. However, if court action is anticipated, samples are sent to a laboratory for confirmation testing.

Results are used for the following purposes:

- To document a substance abuse problem and compel youth to attend treatment.
- To hold youth accountable. For the first positive result, the probation officer clarifies the rules and places the youth under house arrest; for a second positive result, the youth may be returned to court and possibly detained; continuing positive results may lead to inpatient drug treatment or long-term residential placement.

New probation officers attend two classes on drugs. Then supervisors train them on the program's policies and demonstrate procedures for the tests. Officers maintain logs of testing activities that are reviewed by supervisors monthly.

The department budget contains money for testing, and additional funds are received from offender fines. A local interagency council and a statewide drug and alcohol committee coordinate activities. The judges have been supportive of the program, although a lack of treatment providers is a concern. Some efforts are directed toward compiling uniform statewide rules and procedures.

Conclusion

The use of alcohol and other drugs is a central factor in the delinquent behavior of many youth. Drug-related crimes (e.g., possession, trafficking), instrumental crimes (e.g., robbery, prostitution) to obtain the money to purchase drugs, or violent crimes (e.g., assault, murder) resulting from the effects of psychoactive substances or from

[2] The RECLAIM Ohio (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) program was created in 1993 as a result of the passage of Ohio H.B. 152. It is a funding alternative to institutionalizing youth, and it provides judges with the means to improve services for youthful offenders in their own communities. Counties receive a yearly allocation from the Department of Youth Services for youthful offender treatment. These funds previously were allocated for State-run institutions and other State-funded programs but are pooled now and distributed to each county. With this money available, judges are able to make decisions that are in the best interest of youth and communities. The RECLAIM Ohio initiative was selected in 1996 by the Kennedy School of Government at Harvard University as one of the 25 most innovative programs in government.

[3] The levels refer to a classification system that determines probation contact: Level I requires weekly contact with the youth; level II requires twice monthly contact with the youth; and level III requires monthly contact with the youth. Youth generally begin probation supervision at level I and may progress to less frequent contact as their behavior and case situation warrant.

drug-related "business" cause concern for those working with juvenile populations. The goal of substance testing of juveniles is to help them stop using psychoactive chemicals. Substance testing can accomplish the following:

- Identify youth needing treatment and other interventions for substance abuse.
- Deter use of alcohol and other drugs, thereby also increasing public safety.
- Screen for substances that may lead to health and safety problems for the youth and others.
- Assist agency staff in making appropriate case plans and supervising and monitoring compliance with court orders or program rules.

Without this tool, youth involved with alcohol and other drugs may not be discovered, and opportunities for intervention may be lost.

Besides providing information to help youth, drug testing provides collective information about overall juvenile drug use. By analyzing the results of substance tests, juvenile justice professionals can learn which substances are most commonly abused by youth in their communities, follow changing trends in the use of substances, and locate areas within a jurisdiction where youth are using illicit substances.

Drug testing also benefits juvenile justice professionals. Learning about substance abuse and having the technology to identify youth who are using these substances help staff intervene more effectively. Substance testing also has been popular with parents and community members who appreciate efforts to prevent substance abuse and help youth live prosocial lives.

The most important ingredient of a substance-testing program is what comes after the test results have been obtained—intervening with youth to help them stop using controlled substances. Every test should be followed by an intervention. Negative test results should be reinforced with rewards, praise, and other positive feedback, and youth should be challenged to continue to live substance-free. Youth with positive test results should receive graduated sanctions and treatment services, as appropriate. Without this followup, testing programs have little value and can be quite costly. It also is possible that failure to intervene with a youth who tests positive could increase an agency's and/or a professional's liability should the youth harm himself or herself or others because of illicit substance use.

References

Bilchik, S. 1998. *Mental Health Disorders and Substance Abuse Problems Among Juveniles.* Fact Sheet. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Bureau of Justice Statistics (BJS). 1992. *Drugs, Crime, and the Justice System.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Crowe, A.H. 1998. *Drug Identification and Testing in the Juvenile Justice System.* Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Crowe, A.H., and Schaefer, P.J. 1992. *Identifying and Intervening with Drug-Involved Youth.* Lexington, KY: American Probation and Parole Association.

Crowe, A.H., and Sydney, L. 2000. *Ten Steps for Implementing a Program of Substance Testing of Juveniles.* Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Dooley, B.C. 1994 (June). Juvenile facility sets up model drug-testing program. *Corrections Today* 56(3):104–105.

Drug Court Clearinghouse and Technical Assistance Project (DCCTAP). 1998. *Juvenile and Family Drug Courts: An Overview*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Greenblatt, J., ed. 1997. *Year-End Preliminary Estimates From the 1996 Drug Abuse Warning Network*. Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Gropper, B.A. 1985. *Probing the Links Between Drugs and Crime*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Hawkins, J.D., Catalano, R.F., and Miller, J.Y. 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin* 112(1):64–105.

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. 1998. Drug use by American young people begins to turn downward. Online. Available at: www.isr.umich.edu/src/mtf. Accessed: 6/10/99. To appear in: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. In preparation. *National Survey Results on Drug Use From the Monitoring the Future Study, 1975–1998. Volume I: Secondary School Students*. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

Leshner, A.I. 1998. Addiction is a brain disease—and it matters. *National Institute of Justice Journal* 237:2–6.

Mieczkowski, T., and Lersch, K. 1997. Drug testing in criminal justice: Evolving uses, emerging technologies. *National Institute of Justice Journal* 234:9–15.

National Institute of Justice (NIJ). 1998. *1997 Drug Use Forecasting: Annual Report on Adult and Juvenile*

Arrestees. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

National Institute of Justice (NIJ). 1999. *1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Nowinski, J. 1990. *Substance Abuse in Adolescents and Young Adults: A Guide to Treatment.* New York, NY: W.W. Norton and Company.

Otto, R.K., Greenstein, J.J., Johnson, M.K., and Friedman, R.M. 1992. Prevalence of mental disorders among youth in the juvenile justice system. In *Responding to the Mental Health Needs of Youth in the Juvenile Justice System,* edited by J.J. Cocozza. Seattle, WA: The National Coalition for the Mentally Ill.

Stahl, A.L. 1998. *Drug Offense Cases in Juvenile Court 1986–1995.* Fact Sheet. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Substance Abuse and Mental Health Services Administration (SAMHSA). 1998. *Preliminary Results From the 1997 National Household Survey on Drug Abuse.* Rockville, MD: U.S. Department of Health and Human Services, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

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Suggested Readings

Drug Testing

The following publications offer additional information on drug-testing strategies and procedures.

American Probation and Parole Association. 1992. *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Crowe, A.H. 1998. *Drug Identification and Testing in the Juvenile Justice System.* Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Crowe, A.H., and Schaefer, P.J. 1992. *Identifying and Intervening with Drug-Involved Youth.* Lexington, KY: American Probation and Parole Association.

Del Carmen, R.V., and Sorensen, J.R. 1988. Legal issues in drug testing probationers and parolees. *Federal Probation* 52(4):19–27.

Mieczkowski, T. 1997. *Hair Assays and Urinalysis Results for Juvenile Drug Offenders*. Research Preview. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Pretrial Services Resource Center. 1998. *Pretrial Drug Testing: Overview of Issues and Practices*. Washington, DC: Pretrial Services Resource Center.

Robinson, J.J., and Cargain, M.J. 1998. Criminal justice drug testing: Burgeoning technology in applications for the future. *Journal of Offender Monitoring* 11(4):21–23.

Substance Abuse Treatment

The Center for Substance Abuse Treatment publishes numerous protocols and technical assistance materials on substance abuse treatment. All are free of charge and available from:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20857–2345
800–729–6686

The following publications may be ordered from NCADI by title and number:

Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse (BKD134)

Combining Alcohol and Other Drug Abuse Treatment with Diversion for Juveniles in the Justice System (BKD169)

Comprehensive Case Management for Substance Abuse Treatment (BKD251)

Detoxification from Alcohol and Other Drugs (BKD172)

Guidelines for the Treatment of Alcohol and Other Drug Abusing Adolescents (BKD109)

Juvenile Justice Treatment Planning Chart (PHD598)

Principles of Drug Addiction Treatment: A Research-Based Guide (BKD347)

The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders (BKD161)

Screening and Assessment of Alcohol and Other Drug Abusing Adolescents (BKD108)

Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases (BKD143)

Substance Abuse Treatment Planning Guide and Checklist for Treatment-Based Drug Courts (SMA 97–3136)

Organizations

American Correctional Association
4380 Forbes Boulevard
Lanham, MD 20706–4322
301–918–1800
301–918–1900 (fax)

American Probation and Parole Association
Juvenile Drug Testing Project
P.O. Box 11910
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606–244–8192
606–244–8001 (fax)

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
301–443–2467
301–443–3543 (fax)

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road NE.
Atlanta, GA 30333
770–488–5292

Drug Courts Program Office
U.S. Department of Justice
Office of Justice Programs
810 Seventh Street NW.
Washington, DC 20531
202–616–5001
202–514–6452 (fax)

Drug Information Hotline
800–662–4357

Juvenile Justice Clearinghouse
800–638–8736
Internet: www.ncjrs.org

Legal Action Center
153 Waverly Place, Eighth Floor
New York, NY 10014
212–243–1313

National Association of Drug Court Professionals
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National Institute on Drug Abuse
National Institutes of Health
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National Juvenile Detention Association
Eastern Kentucky University
217 Perkins Building
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National Treatment Accountability for Safer Communities
1911 North Fort Meyer Drive, Suite 900
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