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Addressing Substance Use Disorders Through Delinquency Dispositions

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The Juvenile Code authorizes 14 different dispositional alternatives for delinquency cases that result in Level 1 dispositions and 23 different dispositional alternatives for delinquency cases that result in Level 2 dispositions. **G.S. 7B-2508(c), (d)**; **G.S. 7B-2506(1)-(23)**. For both Level I and Level 2 dispositions, cooperating with substance abuse treatment is a dispositional option. It can be challenging to sort through the many available dispositional alternatives to order an effective and individually tailored disposition that addresses the risks and needs of the juvenile. This blog addresses why it might be important to focus on substance use disorders as part of disposition, how to know when a juvenile needs substance use disorder treatment, and how substance use disorder treatment may be included as a dispositional alternative.

Why Focus on Substance Use Disorders in Delinquency Cases?

Research has shown that addressing substance use disorders among juveniles adjudicated delinquent for serious offenses can have an impact on reducing future offending.

The **Pathways to Desistance Study** provides the most robust long-term research findings on what factors impact desistance in offending among juveniles who have committed serious offenses. For seven years, the study followed 1,354 juveniles who were adjudicated delinquent based on a commission of a serious crime. The study examined reoffending trajectories and factors that impacted those trajectories for these juveniles. Substance use disorders were identified as an important factor. The findings included that

- there were high levels of substance use and abuse among the population in the study;
- having a substance use disorder and the level of substance use were consistently related to other illegal activities among study participants;
- while a sizeable portion of study participants got some substance use disorder treatment, most of that treatment occurred in institutional settings and there was a gap in community-based services; and
- treatment resulted in reductions in substance use and treatment that included the family was associated with reductions in nondrug offending.*

These findings indicate that addressing substance use disorders among youth who have committed serious offenses can be critical in preventing reoffending.

How To Know if a Juvenile Has a Substance Use Disorder

Substance use among adolescents is not, in and of itself, necessarily out of the norm. According to the Substance Abuse and Mental Health Services Administration, the 2019 National Survey on Drug Use and Health found that about 17% of youth between the ages of 12 and 17 used illicit drugs in the previous year and about nine percent of youth in that same age group used alcohol in the past month.**

Given that it is not uncommon for adolescents to experiment with substances, how can the court know if a juvenile has a substance use disorder and needs treatment? The court will need a recent and high-quality clinical assessment to know if the juvenile has a diagnosable substance use disorder and is therefore in need of treatment.

Evaluations

The usual process for screening and evaluation among justice-involved youth in North Carolina includes identification of potential substance use disorders. The Division of Juvenile Justice utilizes a screener called the **Global Appraisal of Individual Needs – Short Screener (GAIN-SS)**. The GAIN – SS includes a Substance Disorder Screener (SDScr). Moderate (1 or 2) or high (3 or more) scores on that screener suggest the need for substance use disorder treatment. The

GAIN-SS is not an evaluation and any identified need for substance use disorder treatment should be confirmed by a clinician through an assessment.

A Comprehensive Clinical Assessment (CAA) is completed for many juveniles who are adjudicated delinquent. In some cases, the court is required to order a CCA. (For more information on when the court must order a CCA see **Changes Coming to Delinquency Procedure: Transfer and Mental Health Evaluations**.) A high-quality CCA will include an assessment for diagnosis of a substance use disorder.

Sometimes a CCA is not required or the CCA that is received does not include a high-quality assessment for a substance use disorder. If there is concern that the juvenile may have an unidentified substance use disorder, the court has broad authority under the Juvenile Code to order an evaluation to determine the needs of the juvenile. Specifically, **G.S. 7B-2502(a)** gives the court the authority to order that the juvenile be examined by a psychiatrist, psychologist, or other qualified expert as needed to determine the juvenile's needs. That same statute also authorizes the court to hold a hearing on the completion of an ordered examination to determine whether the juvenile needs other evaluation or treatment.

Ordering Treatment

The court has the authority to order the juvenile to participate in treatment under G.S. 7B-2502 and 7B-2506. When the court orders the juvenile to be examined and a hearing is held under G.S. 7B-2502(a), the court may order the juvenile to comply with any evaluation or treatment recommended by the examination.

Treatment can also be ordered as one of the dispositional alternatives available under **G.S. 7B-2506**. The dispositional alternatives available when the court is ordering Level 1 and Level 2 dispositions include specific authority to order a juvenile to cooperate with substance use disorder treatment.

- Under a Level I disposition, the court is authorized to order the juvenile to cooperate with a community-based intensive substance use treatment program for up to 12 months. **S. 7B-2506(3)**.

- Under a Level 2 disposition, the court is authorized to order the juvenile to cooperate with placement in an intensive substance use program. **S.7B-2506(14)**. There is no time limitation on the length of the placement in an intensive substance use program. This means that, as long as the court has not terminated jurisdiction in the case, a Level 2 dispositional order can be

entered and remain in effect until the juvenile ages out of juvenile jurisdiction.

- A Level 2 disposition can also include any Level 1 dispositional alternative. A Level 2 disposition may therefore also include an order requiring the juvenile to cooperate with a community-based intensive substance use program for up to 12 months.

Probation Not Required

The Juvenile Code does not require a juvenile to be placed on probation in order for other dispositional alternatives to be ordered. This means a juvenile may or may not be placed on probation when ordered to participate in intensive substance use treatment or placement. If probation is ordered, a juvenile may complete probation prior to completing their treatment in a substance abuse program. Termination of probation does not automatically terminate other dispositional alternatives included in the dispositional order.

Finding Services

SAMHSA operates a website at **findtreatment.gov** where you can enter a zip code or city and access a list of substance use treatment, opioid treatment programs, buprenorphine practitioners, and mental health treatment facilities within up to a 100-mile radius. Listings include the location, website, and phone number of the program along with services provided and payment that is accepted.

Responding to Violations

The scientific community often refers to substance use disorders as “chronic relapsing illnesses” and research documents that adolescent relapse rates often exceed 60% in the first year after treatment.*** Given this reality, a plan for addressing any relapse may be an important part of a juvenile’s plan.

In ***Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide***, the National Institute on Drug Abuse notes that

To reinforce gains made in treatment and to improve their quality of life more generally, recovering adolescents may benefit from recovery support services, which include continuing care, mutual help groups (such as 12-step programs), peer recovery support services, and recovery high schools. Such programs provide a community setting where fellow recovering persons can share their experiences,

provide mutual support to each other's struggles with drug or alcohol problems, and in other ways support a substance-free lifestyle. Note that recovery support services are not substitutes for treatment. P. 37.

It is possible that a juvenile may be brought before the court for violating a probation condition that requires them to be substance-free. The court has many options under the Juvenile Code when a violation of probation conditions is proved. The options include continuing the original conditions of probation, modifying those conditions, or ordering a new disposition at the next higher level. **G.S. 7B-2510(e)**. Each of these options offer an opportunity to continue substance use disorder treatment, to modify a condition related to substance use disorder treatment, or to increase the disposition to a Level 2 disposition and order the juvenile to cooperate with placement in an intensive substance use program. Consideration of the need for recovery supports, as described above, may help the juvenile maintain gains achieved in treatment. Input from a clinician who has been working with the juvenile on their substance use disorder treatment is likely beneficial in deciding how to respond to any relapse.

Share Your Strategies

Have you found any strategies that have been effective in addressing substance use disorders among justice-involved youth? I would love to hear about them. Please reach out to me at **greene@sog.unc.edu** with any tips that have worked for you.

* *Pathways to Desistance Study*, Vict Offender. 2012; 7(4): 407–427. doi:10.1080/15564886.2012.713903.

** **Substance Abuse and Mental Health Services Administration. (2021). Screening and Treatment of Substance Use Disorders among Adolescents. *Advisory*.**

****Continuing care for adolescents in treatment for substance use disorders*, Child Adolesc Psychiatr Clin N Am. 2016 Oct; 25(4): 669-684.