

Short communication

## Arrest history as an indicator of adolescent/young adult substance use and HIV risk

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Received 26 April 2006; received in revised form 22 September 2006; accepted 23 September 2006

### Abstract

Juvenile offenders are particularly at risk for HIV because of their substantially high rates of risk behaviors, high rates of substance use disorders and psychopathology. Most studies have focused on risk behaviors among incarcerated youth. This study sought to determine if an arrest history could serve as a marker for HIV risk and substance abuse among a community-based sample of high-risk adolescents and young adults. Adolescents ( $N = 1400$ ; mean age = 18 years) who participated in a larger multi-site HIV prevention program in three states (GA, FL and RI) provided baseline data on sexual risk, substance use, attitudes and mental health history. Participants were grouped as arrestees ( $N = 404$ ) and non-arrestees ( $N = 996$ ) based on self-reported arrest history. Juvenile arrestees reported more alcohol and drug use, substance use during sex, unprotected sex acts, STI diagnoses, suicide attempts and psychiatric hospitalizations than non-arrestees. Having an arrest history may serve as a marker for adolescent HIV risk and substance abuse. Effectively screening adolescents for legal history and responding to the psychosocial and health needs of these high-risk adolescents could increase necessary engagement in substance use and mental health treatment, reduce HIV risk in the community, and reduce costs to the legal, medical and mental health systems.

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**Keywords:** Alcohol and drug use; HIV risk; Juvenile arrestees

### 1. Introduction

Rates of substance use are substantially higher among juvenile offenders than the general adolescent population, which increases their risk for contracting Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs) (Teplin et al., 2005). Juvenile arrestees are twice as likely to have used alcohol than juveniles not arrested in the past year (The National Center on Addiction and Substance Abuse at Columbia University, 2004). On average, 57% of juvenile male

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and 32% of juvenile female arrestees test positive for marijuana (National Institute of Justice, 2002) compared to 20% of 12th graders reporting current use (Johnston et al., 2002).

Juvenile offenders are more likely to use substances during sex (Castrucci and Martin, 2002; Kingree and Betz, 2003; Teplin et al., 2003), have higher rates of STIs and pregnancy (Morris et al., 1995; Nesmith et al., 1997; Widom and Hammett, 1996), begin sexual activity earlier, report multiple partners and endorse a greater frequency of unprotected sex (Canterbury et al., 1995; Morris et al., 1995; Teplin et al., 2003). Juvenile justice youth also have disproportionate rates of mental health disorders, which substantially increase the odds of having a substance use disorder (Abram et al., 2003) as well as increase the likelihood of engaging in HIV risk-related behaviors (Teplin et al., 2005).

Many of these studies of HIV risk and substance use focus on detained or incarcerated samples. To our knowledge, no study has focused on these risk factors among juveniles with any history of arrest, but not necessarily detention or incarceration. This subset of youth may be at similar at risk as those detained or incarcerated, but are often released back to the community without ever having their needs comprehensively identified (Dembo et al., 2005). Thus, the focus of this study was to identify rates of substance use, HIV risk behavior and mental health issues among a community-based sample of adolescents who have

an arrest history and compare them to adolescents without an arrest history. This could help clinical providers and researchers screen, assess and identify the health needs of arrested youth. We anticipated that juveniles with an arrest history would exhibit greater HIV risk through unprotected sexual activity, higher rates of alcohol and other drug use, riskier sexual attitudes as well as a history of mental health difficulties.

## 2. Methods

### 2.1. Participants

Adolescents and young adults ( $N=1430$ ; 15–21 years of age) recruited from primary care clinics and through outreach activities in three US cities (four study sites) were enrolled in a multi-site, randomized trial of a brief HIV prevention program. Inclusion criterion was unprotected sexual activity (vaginal or anal intercourse) within the past 90 days. Of those reporting legal history data ( $N=1400$ ; 30 participants were missing these data), 404 (29%) reported an arrest history and 996 (71%) were classified as non-arrestees. Compared to non-arrestees, arrestees were older, more likely to be male, African-American and living with a partner (Table 1).

### 2.2. Procedure

Informed consent was obtained from adolescents 18 years and older. Assent and parental consent was obtained for those 15–17 years of age. The University or Hospital Institutional Review Boards, at the respective institutions, approved

Table 1  
Demographic comparisons of arrestees vs. non-arrestees among a community sample of youth ( $N=1400$ )<sup>a</sup>

Variable	Arrestees ( $N=404$ )		Non-arrestees ( $N=996$ )		Test statistics	
	<i>M</i> or <i>N</i>	S.D. or %	<i>M</i> or <i>N</i>	S.D. or %	$\chi^2$ - or <i>t</i> -test	<i>p</i> -Value
Age	18.40	1.82	18.15	1.74	2.34	.02
Gender					68.10	<.0001
Male	246	60.9	366	36.7		
Female	158	39.1	630	63.3		
Race/ethnicity					25.69	<.0001
African-American	180	46.8	537	57.7		
Hispanic	94	24.4	238	25.6		
White, non-Hispanic	111	28.8	156	16.8		
Education					4.65	.10
<High school	215	53.2	495	49.7		
High school or GED	112	27.7	258	25.9		
>High school	77	19.1	243	24.4		
Income					4.25	.37
<10,000/year	120	34.0	302	37.0		
10,000–19,999/year	61	17.3	140	17.1		
20,000–29,999/year	52	14.7	124	15.2		
30,000–49,999/year	47	13.3	121	14.8		
50,000 or more/year	73	20.7	130	15.9		
Living with a partner					10.30	.001
Yes	90	22.3	151	15.2		
No	313	77.7	844	84.8		
Study site location					3.19	.37
South 1 (FL)	130	32.2	290	29.1		
South 2 (GA)	77	19.1	223	22.4		
North 1 (RI)	86	21.3	229	23.0		
North 2 (RI)	111	27.5	254	25.5		

<sup>a</sup> *N* may vary slightly according to missing data.

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