



The effect of race/ethnicity on the relation between substance use disorder diagnosis and substance use treatment receipt among male serious adolescent offenders

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ABSTRACT

The high rates of substance disorders in the juvenile justice system, as well as the relation between substance use and reoffending, suggest the importance of substance use treatment service and understanding the factors that influence treatment provision. The current study tested whether race/ethnicity affects the relation between substance use disorder diagnosis and the receipt of substance use treatment services among a sample of male serious juvenile offenders ($N = 638$). Findings showed that among adolescents with a substance use disorder diagnosis, there were no race/ethnicity differences in substance use treatment receipt. However, among adolescents without a substance use disorder diagnosis, non-Hispanic Caucasians were more likely to receive substance use treatment than were Hispanics or African-Americans. Additionally, findings showed that there were race/ethnicity differences in service receipt at moderate levels of substance use problems, such that non-Hispanic Caucasians were more likely to receive substance use treatment than Hispanics or African-Americans. There were no race/ethnicity differences in treatment receipt when substance use problems were either very severe or very low. Results suggest that race/ethnicity may play a role in service provision in the juvenile justice system when levels of need are less clear.

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1. Introduction

The juvenile justice system's mission includes protecting the youth in its custody, protecting the community, and engaging in interventions that reduce crime (Butts & Mears, 2001). Although increased adolescent offending in the 1960's and 1970's caused a shift in the juvenile justice systems' practices from rehabilitation based services to retributive based consequences, more recently there has been a call for increasing rehabilitative efforts for juvenile offenders (Behnken, Arredondo, & Packman, 2009; Scott & Steinberg, 2008; Steinberg, 2008). This trend back to the original juvenile justice system's mission, at least in theory, should offer adolescents in the juvenile justice system opportunities for rehabilitation over only incarceration. However, gaps between theory and practice still exist (Steinberg, 2008).

Increased rehabilitative efforts are especially important for adolescent offenders who have problems associated with substance use. Substance use and substance use disorders are common among youth in the juvenile justice system and are associated with continued offending

(Farabee, Shen, Hser, Grella, & Anglin, 2001; Mason & Windle, 2002; Mulvey, Schubert, & Chassin, 2010; Schubert, Mulvey, & Glasheen, 2011). This relation between substance use and offending may occur for many reasons. First, criminal behavior is inherent for adolescents when buying, possessing, and using drugs or alcohol. Second, these behaviors often involve membership in an antisocial peer group, who may support criminal offending (Fergusson, Swain-Campbell, & Horwood, 2002). Third, the need to purchase illicit substances may require the adolescent to become involved with the drug distribution market where they may engage in, or be party to, systematic violence, and substance use may create a need for income that can be met through criminal behavior (Chassin, 2008; White, 1997). Fourth, intoxication effects from drug and alcohol use may increase delinquent behavior due to impaired judgment and decision-making (Kreek, Nielsen, Butelman, & LaForge, 2005). Fifth, substance use may interfere with normal development (e.g., through education problems and weakened social bonds, as well as through effects on the development of brain structures that regulate behavioral, emotional, and cognitive processes), resulting in a pattern of antisocial behavior (Ford, 2005; Hussong, Curran, Moffitt, Caspi, & Carrig, 2004). Finally, substance use may prevent an adolescent from "maturing out" of criminal behavior due to an inability to successfully transition into more mature, adult roles (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997; Chen & Kandel, 1995).

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Research has shown that substance use disorder service interventions can reduce delinquency for youth with substance use disorders in the juvenile justice system (Grisso, 2008). Drug and alcohol treatment for juvenile offenders with substance use disorders has been associated with statistically significant reductions in the number of offenses committed by juveniles after completion of treatment (Behnken et al., 2009; Cuellar, McReynolds, & Wasserman, 2006; Farabee et al., 2001; Townsend et al., 2009). Furthermore, substance use treatment has been shown to decrease alcohol and drug use (Chassin, Knight, Vargas-Chanes, Losoya, & Naranjo, 2009; Henggeler et al., 2006).

However, involvement with the juvenile justice sector has been associated with a decreased likelihood of receiving specialty substance use disorder outpatient and inpatient services, despite the juvenile justice system being the most widely used publically funded mechanism for substance use treatment for adolescents (Chassin, 2008; Hazen, Hough, Landsverk, & Wood, 2004). Furthermore, youth in the juvenile justice system tend to have a decreased likelihood of receiving substance use disorder services, relative to youth in other sectors of publically funded care (Hazen et al., 2004; Johnson et al., 2004; Walrath, Sharp, Zuber, & Leaf, 2001). Garland et al. (2005) note that referral rates from the juvenile justice system to formal substance use related services are much lower than expected, given the high level of substance use in this population.

Furthermore, juvenile offenders who are transferred to adult corrections are even less likely to receive substance use treatment. The availability of substance use treatment in the adult system is low (Friedmann, Taxman, & Henderson, 2007) and adult correctional facilities offer even fewer treatment and counseling services than do juvenile correctional facilities (Redding, 2003; Ullman, 2000). Moreover, treatment programs meant for adults may not be efficacious for adolescent offenders.

In addition to undertreatment of adolescent substance use disorders in the general adolescent offender population, there may also be a particular failure to serve ethnic minority adolescent offenders. In other sectors of court ordered care (e.g., children involved in the foster care system) minority adolescents in need of substance use services have been shown to be referred to fewer services than are non-Hispanic Caucasian adolescents, even when exhibiting the same amount of need (Garland, Hough, Landsverk, & Brown, 2001). African-American and Hispanic adolescents in other sectors of court ordered care have been shown to be less likely to receive court ordered substance use treatment (Garland & Besinger, 1997; Garland et al., 2001; Leslie et al., 2000; Wells, Hillemeier, Bai, & Belue, 2009; Yeh et al., 2002). Indeed, it has been suggested that in many public sectors of care, a child's race/ethnicity may be a stronger predictor of involvement in substance use treatment services than is a substance use disorder diagnosis (Garland et al., 2001).

Racial/ethnic biases in referral for substance use disorder services may persist because of attitudes and beliefs of decision-makers in the juvenile justice system. Often there is an assumption that the delinquent behaviors observed in non-Hispanic Caucasian youth do not represent a long-term disposition, yet criminal behavior in minority adolescents is more likely attributed to innate characteristics or environments that are not amenable to treatment (Fitzgerald, 1996). If decision-makers in the juvenile justice system believe that minority youth are less amenable to services or are less likely to benefit from services than are non-Hispanic Caucasians, then it is likely that they will choose to recommend non-Hispanic Caucasians for substance use disorder services more often than African-American or Hispanic adolescents, despite the needs of the individual (Breda, 2001; Garland & Besinger, 1997; Slobogin, 1999).

The current study extends the work of Mulvey, Schubert, and Chung (2007) who predicted service receipt after court involvement within the juvenile justice system in the Pathways to Desistance Study (Mulvey et al., 2004). Mulvey et al. (2007) found that youth in the juvenile justice system received low levels of specialized services, although

the amount of services varied depending on the type of juvenile justice setting. In addition, although Mulvey et al. (2007) found that youth with higher cumulative risk received a greater number of services in most settings, service need remained an inconsistent determinant of service provision across settings.

The current study expands on the results of Mulvey et al. (2007) by testing whether the relation between substance use disorder diagnosis and the receipt of a substance use treatment service was moderated by race/ethnicity. We hypothesized that Hispanics and African-Americans with substance use disorders would be less likely to receive drug and alcohol treatment services compared to non-Hispanic Caucasians with substance use disorders. The current study is the first, to our knowledge, to test how race/ethnicity may moderate the relations between substance use disorder diagnosis and the receipt of the substance use treatment services in the juvenile justice system. Because substance use treatments have been shown to decrease adolescent criminal behavior, the findings have implications for reducing recurrent criminal behavior in adolescent offenders.

2. Methods

2.1. Participants

Participants were drawn from the Pathways to Desistance Study, a two-site (Philadelphia, PA & Maricopa County, AZ), longitudinal study of desistance among serious juvenile offenders (Mulvey et al., 2004). The study began in 2000, with follow-ups occurring every 6 months for 36 months and then annually until 84-months. A total of 1354 adolescents between the ages of 14- and 17-years-old participated in the study. Adolescents were selected for potential enrollment after a review of court files in Philadelphia and Maricopa County. They were included as potential participants if they were found to be adjudicated delinquent or found guilty of a serious criminal offense. Crimes eligible for the study included all felony offenses (except those of less serious property crimes), misdemeanor weapons offenses, and misdemeanor sexual assault. In order to maintain heterogeneity in the sample, the proportion of male juveniles with drug offenses was capped at 15% at each site. Additional details regarding recruitment and a description of the full sample and study methodology can be found in Schubert et al. (2004).

Participants for the current analyses were a subset of the full Pathways to Desistance Study sample. The current subsample ($N = 638$) was comprised of males who (1) had complete data on self-reported service receipt at both the 6- and 12-month time-point interviews, (2) had complete data on self-reported substance use disorders at baseline, and (3) identified themselves as non-Hispanic Caucasian, African-American, or Hispanic at baseline. Participants who did not meet these criteria were excluded from the analyses. Female participants were not included in the current analyses. The current analyses focused on services received within one year from the study's beginning because this offered a reasonable time frame to expect receipt of substance use treatment services based on a baseline diagnosis of substance use disorder in the past year, while also minimizing the likelihood that a participant would have received multiple services in multiple settings.

A series of analyses were conducted to determine whether there were any significant differences between male participants included in the final subsample and male participants who were excluded. Females were not included in the in these analyses. The included sample had a significantly larger proportion of Hispanics and had significantly higher rates of prior criminal behavior than the excluded sample, but did not differ significantly from the excluded sample on any other study variables.

2.2. Procedures

Informed assent/consent was obtained from the juveniles and their parents/guardians at the baseline interview. Youth in the juvenile

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