



JUVENILE DRUG COURT EXECUTIVE SUMMARY JULY 2005

Ohio Office of Criminal Justice Services

1970 W. Broad Street, 4th Floor

Columbus, Ohio 43218-2632

Toll-Free: (800) 448-4842

Telephone: (614) 466-7782

Fax: (614) 466-0308

www.ocjs.ohio.gov

Juvenile Drug Court Executive Summary

Juvenile drug courts have the same basic philosophy, goals, and structure as their adult counterparts. However, they also face many unique challenges in working with a youthful population. In addition to the standard drug court goals (substance free living, reduced recidivism, and educational and vocational gains), juvenile drug courts are also designed to promote a sense of accountability, to increase school attendance and performance, and improve family functioning.

The eligibility requirements are much the same as adult drug courts. Youth must be diagnosed with a drug problem, have no history of violence, and be willing to participate in treatment. However, unlike their adult counterparts, most juvenile drug courts do not reject those youth who have mental health issues, and typically there is the requirement of family participation.

As in adult drug courts, case management services are provided to bring together the drug court team in order to equip the youth with all the necessary resources for their success. Juvenile drug courts typically are organized into three phases of care. Clients participate in treatment-related activities that include, but are not limited to, individual and family counseling, education, 12-step meetings, urine screens, and frequent status hearings. A system of graduated sanctions and rewards is used to encourage youth participation.

A challenge unique to juvenile drug courts is the engagement of youth fully into treatment, including their acceptance of the help that is needed in order to face their drug abuse. Many youth do not feel that they have a problem with drugs, and are often in denial about the problem. At the same time, the difficulty of establishing a pattern of abuse or addiction is present due to adolescents having a shorter history of use than adults.

The typical juvenile drug court participant is male, between the ages of 14-16, has a co-occurring mental health problem, is not attending school regularly, has prior arrests, family problems, and has been using substances for about a year.

Fewer evaluations of juvenile drug courts have been conducted than with their adult counterparts. However, those evaluations that have been conducted point to similar promising results, including high retention and graduation rates and lower recidivism levels. Other positive outcomes include increased academic success, physical fitness and health, healthier family relationships, and births of drug-free babies.



**JUVENILE DRUG COURTS:
How are they different from adult criminal courts?
JULY 2005**

Ohio Office of Criminal Justice Services

1970 W. Broad Street, 4th Floor

Columbus, Ohio 43218-2632

Toll-Free: (800) 448-4842

Telephone: (614) 466-7782

Fax: (614) 466-0308

www.ocjs.ohio.gov

Juvenile Drug Courts: How are they different from adult criminal courts?

Following the establishment of adult drug courts, jurisdictions began to establish juvenile versions of these specialized drug dockets. Since 1995, 140 juvenile drug courts (JDCs) have been established across the country, and another 125 are in the planning stages (Cooper, 2001). JDCs have the same basic philosophy, goals, and structures as their adult counterparts. However, they also have many unique challenges that influence and challenge their operation. JDCs are still based around the ideals of therapeutic jurisprudence and a team-oriented philosophy. In addition, these specialized dockets maintain the overall juvenile court's *parens patriae* orientation, and the drug court team is expanded to include the youth's probation officer and various school officials (Cooper, 2001).

Purpose and Goals

While outcome goals related to substance-free living, education, and reduced recidivism are the same as in adult courts, another primary goal for the juvenile courts is to promote a sense of accountability among the youth for their actions (Belenko & Dembo, 2003; Cooper, 2001). Other JDC-specific goals include improving school attendance and performance, improving family functioning, engaging the youth in prosocial activities with peers, and building life skills related to social, financial, and vocational functioning (Roberts, Brophy, & Cooper, 1997).

These goals are accomplished through intense case management services that largely are similar to those found in adult drug courts, including the provision of treatment, counseling, and drug education. Differences do exist, however, including the desire to use mostly intensive outpatient treatment instead of residential treatment. This preference stems from the need for the youth to function and live sober in his or her home environment (Cooper, 2002). Also, case management services are extended to include the entire family, as family dysfunction makes it extremely difficult for the youth to remain clean and sober (Cooper, 2001). Finally, coordination with the school system is another major difference when dealing with youthful offenders, as special arrangements often are needed to allow the youth to remain in school following behaviors that are substance-abuse related (Cooper, 2001).

Eligibility

The process for eligibility screening in youth is similar to adult courts, and the majority of JDCs use a post-adjudication model. One major challenge facing JDCs is the diagnosis of a drug problem itself, as youth often lack the extensive history of use that typically is used to determine a pattern of addiction (Cooper, 2001). Adolescents are much more likely to be described as being in denial of their addictive behavior because their short history of use has not yet interfered significantly with their

functioning levels (Whiteacre, 2004). In the same way, a history of violence (a disqualification in most adult drug courts) can be hard to determine in youth for several reasons, including the fact that youth criminal records may be sealed and therefore unavailable, or that violent behavior occurred in the family or at school but was never documented (Cooper, 2001). Many JDCs do not restrict access to programming because of mental health problems, as it is recognized that, for many youth involved with substances, there will be a co-occurrence of internalizing and externalizing problem behaviors. The final unique challenge facing JDCs with regard to eligibility is the willingness of parents to participate in the process. Without family support, even the most motivated youth will have a hard time implementing long-term change related to substance use.

Operation and Organization

As with adult courts, JDCs are most commonly organized into three phases, each of which has its own goals and activities that encourage client sobriety and improved functioning. The activities for juveniles are much the same as for adults, with frequent urine screens, court hearings, 12-step meetings, and counseling sessions being the norm. The most important component of treatment for juveniles is building the motivation for change (Roberts, Brophy, and Cooper, 1997). As stated earlier, most youth do not have an extensive drug use history or lifestyle, nor have they as yet experienced drug-related life disruptions in either the same frequency or magnitude as many adult users. Many youth are primarily using alcohol and marijuana, which are not perceived to be as problematic as hard drug use (Whiteacre, 2004).

Motivation for participation is encouraged through use of a system of graduated sanctions and rewards, very similar to the adult drug courts (Cooper, 2001). Common incentives are much the same as for adults, including praise from the judge, phase advancement, gift certificates to area stores or restaurants, or even tickets to special concerts or events in the area. In addition to sanctions that include verbal admonition from the judge, increased frequency of urinalyses and court hearings, and homework assignments, juveniles also may receive community service sanctions and curfew changes. To promote the goal of increased accountability, it is emphasized that all actions of the court, including sanctions, have a therapeutic value rather than merely punishing the youth for their misdeeds (Cooper, 2001). Tied to this emphasis is the controversy over the use of detention as a sanction for youth, which generates treatment interruptions, family functioning setbacks, and association with negative peers while in detention (Cooper, 2002).

Relevant Literature on Juvenile Drug Courts

The typical juvenile drug court participant is male, between the ages of 14-16, has a co-occurring mental health problem, is not attending school regularly, has prior arrests, has family problems, and has been using for about a year (Belenko & Dembo, 2003; Cooper, 2002; Rodriguez & Webb, 2004). Fewer evaluations have been conducted and published about JDCs than their adult counterparts. Preliminary reports

reveal similar promising results as for adult drug courts, though most have focused only on shorter-term outcomes (Belenko & Dembo, 2003). Retention rates typically are around 65 percent and of 12,500 participants to date (many still active), about 4,000 have graduated nationwide (Cooper, 2002). Reduced recidivism for participants has also been supported by several studies (Belenko & Dembo, 2003; Rodriquez & Webb, 2004). Other positive outcomes have included increased academic success, physical fitness and health, healthier family relationships, and more than 60 drug-free babies born (Cooper, 2002).

References

Belenko, Steven & Dembo, Richard. (2003). Treating adolescent substance abuse problems in the juvenile drug court. *International Journal of Law and Psychiatry*. 26, 87-110.

Cooper, C. (2001). Juvenile drug court programs. *OJJDPJ Juvenile Accountability Block Grants Series, Bulletin, NCJ 184744*, Retrieved from U.S. Department of Justice website: <http://www.ncjrs.org/pdffiles1/ojjdp/184744.pdf>

Cooper, Caroline. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*. 37, 1689-1722.

Juvenile and family drug courts: An overview. Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project. Retrieved on Monday December 6 from: <http://www.ncjrs.org/html/bja/jfdcoview/dcpojuv.pdf>.

Roberts, Marilyn; Brophy, Jennifer; & Cooper, Caroline. (1997). The juvenile drug court movement. *Office of Juvenile Justice and Delinquency Prevention, Fact Sheet, 59*, Retrieved from U.S. Department of Justice website: <http://www.ncjrs.org/pdffiles/fs-9759.pdf>.

Rodriquez, Nancy, & Webb, Vincent J. (2004). Multiple measures of juvenile drug court effectiveness: Results of a quasi-experimental design. *Crime and Delinquency*. 50, 292-314.

Whiteacre, Kevin W. (2004). Denial and adversity in a juvenile drug court. *International Journal of Drug Policy*. 15, 297-304.